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

Full Number	1. Committee Information						est en la companya de la companya d
Date Filed Control C	i. Full Name	7	<u> </u>				c. ID Number
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Propose Prop	b. Mailing Address (include City, Sta	ate and Zip Code	1	/ 			d. Date Filed
Propose Prop	114 Carino	Ct.		,			10- 2021
Report Year 3. Period Start Date (mm/dd/yr) 4. Period End Date (mm/dd/yr) 5. Treasurer Full Name 1. Mark							e. Phone Number
Report Year 3. Period Start Date (mm/dd/yr) 4. Period End Date (mm/dd/yr) 5. Treasurer Full Name 1. Mark	Shelby No	C 281	52				104-139-4445
S. Type of Committee (Check One) 9. Type of Report Check only one type of report from one category				End Date (mm/dd/yy)	5. Treasur	er Full Name
S. Type of Committee (Check One) 9. Type of Report Check only one type of report from one category	2022		4/30	/202	-2	Konn	ie E. Miss
PAC		One)	9. Type of Re			type of rep	
Independent Expenditure Joint Fundraiser Thirty-five day Quarterly Pre-referendum First Final Supplemental Final Supplemental Final Annual Supplemental Final Semi-annual Fourth Semi-annual Semi-annual Fourth Special Semi-annual Semi-annual Fourth Special Semi-annual		1				 	4
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Canpuist Special Spe	Building Fund	Į (Mid Yea	1F	Semi-annu	ıal	
S. Number of Fundraisers this Report	(<u></u>			a · ⊑			10. Special Report Name
II. Account Information a. Financial Institution Full Name a. Financial Institution Full Name a. Financial Institution Full Name b. Purpose c. Account Code b. Purpose c. Account Code c.				_	<u> </u>	End	
II. Account Information a. Financial Institution Full Name a. Financial Institution Full Name b. Furpose c. Account Code b. Purpose c. Account Code d. Period Begin Balance s. 455.51 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. Consider the NC Fundament of Signer Signature of Appointed Treatment Date	8. Number of Fundraisers this	Keport	Special	<u> </u> -	:		·
a. Financial Institution Full Name Description 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 Electrons. Date Postmarked: Date Postmarked: Employee: Date Scanned: Date Data Entered: Employee: Employee: Date Signer has not received mandatory training Please Note: This form cannot be used to amend committee information. or account information.				<u>, </u>		.,.	
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Signature of Appointed Treasurer Date							nds. I further certify that this
Printed Name of Gigner Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: SQ-22 Employee: Delivery Method Normal Mail Date Postmarked: Employee: Registered Mail Date Scanned: Employee: Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Date Data Entered: Employee: 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.	report is complete, true and correct	t and that I have	been trained by	the NC State	Board of I	Elections.	
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□ 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 Total this Total this Start of Election Cycle: January 1. Reporting Period **Election Cycle** 4) Cash on Hand at Start RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 6) Contributions from Individuals (CRO-1210) 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) S 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) 401.59 13b) Contributions to Candidates/Political Committees (CRO-1310) S 13c) Coordinated Party Expenditures \$ (CRO-1310) 14) Aggregated Non-Media Expenditures (CRO-1315) S \$ 15) Loan Repayments (CRO-1420) \$ 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 and 17) \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18] ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 22) Debts and Obligations owed by the Committee (CRO-1610) 23) Debts and Obligations owed to the Committee (CRO-1620); S 24) Account Transfers Within the Committee (CRO-1720) 25) Administrative Support (CRO-1719) 26) Forgiven Loans (CRO-1440) \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215)

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TO ND COUNTY BOE

Contributions from Individuals	1	Pg of	Amendment Yes No	
Use this form to report individual contributions of I. Committee Full Name (and Fund if application)	ver \$50 or contributions u			Walang .
			ID Number	
Friends to Elect Ronnie 3. Contributor Information	Gr495			
a. Full Name, Mailing Address & Phone	☐ Add ☐ R	emove		
(include city, state, & zip)	0. 300 Tille 710	d.	Comments	
Self/Ronnie Grigg	Ketre	de la companya de la		
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3. Contributor Information			\$	
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(include city, state, & zip)	o. Job Title Profe	Ssion d. C	omments	
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	i		\$]
3. Contributor Information			S 21 F11F1 A	.
a. Full Name, Mailing Address & Phone	☐ Add ☐ Remo	ove	MAY :	D COUNTY BOE 22 PM2:47
(include city, state, & zip)	b. Job Title/Professi	d. Con	unents	
	c. Employer's Name	Specific Field	i	
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4. Total only this Page		1 \$	1000	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-11)		!		
14 His like must be on line of Detailed Comments by the	an.	\$ /	1	