Disclosure Repor	t Cover			Yes No
		nformation, must be	signed and submitted along v	vith other detailed forms.
Do not use this form to up	THE PARTY OF THE P			
1. Committee Information	O D 7		SCEIVED	c. ID Number
a. Full Name		DO 4 PI	RECEIVED D OF ELECTIONS FLAND COUNTY	
Committee to Elect Viole	et Arth	CI EN BUAVI	HI AND COUNTY	
b. Mailing Address (include C				d. Date Filed
		7871	AUG 16 P 12: 18	8/16/2021
922 West Sumter St, She	lby, NC 28150	£u		N. N. L.
				e. Phone Number
				704-481-7595
2.0	eriod Start Date (mm/d	4: Period I	and Date 5. Treasure	r Full Name
2. Report Year 3. P	eriou Start Date (IIII)u	(mm/dd/yy)		
2021			Michelle Ga	nrey
6. Type of Committee (C	heck One)	9. Type of Report	(check only one type of	report from one category)
Candidate Campaign	Party	Municipal	State/County	Referendum
PAC	Referendum	Organizational	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Legal Expense Fund				
7. Type of Fund :: (if a	pplicable, check one):	Pre-primary	First	Final
Booster Fund"		Pre-election	Second	Supplemental Final Annual
Building Fund		Pre-runoff Semi-annual	Third Fourth	Special
		Mid Year	 	
Other:		Year End	Mid Year	10. Special Report Name
		Final	Year End	
8. Number of Fundraise	rs this Report	Special Special	Final	
			Special	
11. Account Information		grade in the News	11. Account Information	
a. Financial Institution Full N	ame		a. Financial Institution Full Nam	<u>e</u>
Wells Fargo	c. Account Code		b. Purpose	c. Account Code
b. Purpose	c. Account Code		b. Tur pose	
	d. Period Begin Balance			d. Period Begin Balance
	\$ 0			S
CERTIFICATION				20D 6 20D 20M af Chamter 162 of
I certify that the Committ	ee or Fund is in compli	ance with all applica	ble provisions of Article 22A	, 22B, & 22D-22M of Chapter 163 of funds. I further certify that this report
is complete, true and corr	ect and that I have beer	trained by the NC S	State Board of Elections.	runus. I runus voicing university reper-
n's complete, true and bon	MIL Garey		MILL Land	8/14/21
Pri	inted Name of Signer	\$	guature of Appointed Treasurer	Date
FOR OFFICE USE ONLY				Delivery Method
Date Received:	8-16-2021	Employee:		Normal Mail
				Registered Mail
Date Postmarked:		Employee:		Hand Delivered
Date Scanned:		Employee:		Electronically Filed Signer has not received
Date Dourniou.				mandatory training
Date Data Entered:		Employee:		
		1 - 1 - 1 - 1 - 1	mation and as the samuelts	address treasurer assistant treasurer
Please Note: This for	m cannot be used to an custodia	nend committee information of books informat	ion, or account information.	e address, treasurer, assistant treasurer,

Amendment

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

RO-1000

NC State Board of Elections*

August 2008

Detailed Summary

Ise this form to summarize all disclosure reporting forms and to total monetary information.

Use this form to summarize an disclosure reporting forms and o	was seement to the seement of the se	AND	
1. Committee Full Name (and Fund if applicable) 22.1	Type of Report		3. ID Number
Committee to Elect Violet Arth			
Start of Election Cycle: January 1,	2021	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
INDCHINIS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1150	\$
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)	\$	# 2 10 10 10 10 10 10 10 10 10 10 10 10 10
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	th ome
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11c)	d and 11e)	\$ 1150	% ⊆ ∃
<u>iextmentoinnerius</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 464.62	\$
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)	\$	\$
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)	\$ 464.62	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18)	\$	\$
<u>ÁTDIÐITITIRÐNATL TENTFORÐMLATTIRÐM</u>			
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)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Amendment

Yes

No

Con	tributio	ns from	Individua	ıls
		113 11 0111	IIIUITIUU	112

Contr	ibutions fro	m Individuals		Pg	of		☐ Ye	s No
Use this f	form to report indi	ividual contributions or	ver \$50) or contributions und	er \$50 if form CR	O 1205 is no	ot used	Spacificality (1997)
1. Comm	iittee Full Name	(and Fund if applicab	le)			2. ID Nun		
Committe	ee to Elect Violet	Arth				DOAG	RECEIVED TO THE PROPERTY OF TH	D CTIONS
3. Contr	ibutor Informatio	on .	\square	Add Rei	move			GUNIX.
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	15	D 12: 19
(include	city, state, & zip)	<u> </u>		Trust Investment C	Officer	2021	AUG 16	D 12: 19
Michelle	Garey t Marion St			c. Employer's Name/Sp	pecific Field			
Shelby, N				Bank OZK		e. Election S	um to Date	
						\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		check			08/04/20	021	\$	200
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				,			\$	
3. Contri	ibutor:Informatio	on in the same of the same		Add Rei	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	S	
(include	city, state, & zip)		<u> </u>	retired				
David Ca	usby			c. Employer's Name/Sp	pecific Field			
	h Washington St							+ 1,5 2 + 2
Shelby, N	NC 28150					e. Election S		
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		check			08/04/20	021	\$	100
							\$	
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The Angelogical Control of the State of	butor Informatio	Arrest Contract Contr		Add Rer	nove 🚟		1	
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	8	
(include	city, state, & zip)	<u>to for a supplied to the Algorith</u>		retired				
Sally Roy	/ster			c. Employer's Name/Sp	ecific Field			
212 Fariv	•							
Shelby, N	IC 28150					e. Election S	<u></u>	
						\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		check			08/04/20	021	\$	200
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						· · · · · · · · · · · · · · · · · · ·	\$	
4. Total	lonly this Pag	e		Marian Marianta and American		\$		500
5. Tota	lof ALL CRO	-1210 Pages				\$		

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Amendment

Contributions	from	Individuals
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ributions from Individuals	Pg	\mathcal{L}	of	3	: []	Yes [<u></u>	No
s form to report individual contributions over \$50 or contributions	under						or now a series of the series	react No.
mittee Full Name (and Fund if applicable)				2. ID N	umber o	1		

Use this f	orm to report indi	vidual contributions ov	er \$50	or contributions und	er \$50 if form CRO	O 1205 is not	used	Control Control Services 24
1: Comm	ittee Full Name (and Fund if applicabl	le) 🧠 .			№2. ID Num RECE	hg r n —	
Committe	ee to Elect Violet	Arth			В	DARD OF I	E ECTIONS	S (
3 Contri	butor Informatio	in .		Add Rer	nove:	FC4mm.		
and the first of the section of the section is	ie, Mailing Address &	37.111.24.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	9 - 1 309	b. Job Title/Profession		and, Comments D 12: 19		
	city, state, & zip)			dentist		ULI KUU I	-	
Kendalyn	Lutz-Craver			c. Employer's Name/Sp	ecific Field			
156 Appi	an Way							
Shelby, NC 28150				CornerStone Denti	stry	e. Election Su	ım to Date	
						\$	200	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
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3 Contri	butor Informatic		Ø	Add Rei	move -			
Fig. Total Countries in the Proceedings	ne, Mailing Address	The second of th		b. Job Title/Profession		d. Comments	ELLINES CHESTON SOLES	CENTRAL PROPERTY CONTRACTOR CONTRACTOR
	city, state, & zip)			retired				
BJ Zamor	-a			c. Employer's Name/Sp	pecific Field			
504 Coun	try Club Acres							
Shelby, N	IC 28150					e. Election Su	ım to Date	
						\$	200	
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3. Contri	butor Informatio	n year are	· ×	-Add	nove 🔭 💮 💮		Section 15 K	
a. Full Nam	e, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)			retired				
Joyce Boy				c. Employer's Name/Sp	ecific Field			
224 Vuax						e. Election Su	ım to Date	
Shelby, N	C 28130					\$	100	
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Contributions	from	Inc	hivif	nals
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Pg		of	<u>5</u>		Yes		No
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		vidual contributions ove		or contributions unde	I \$30 II IOIIII CIX	Windowski, Bull S. C. of Strake, and Black	The second of the second secon	SERVICE WHICH CH
1. Comm	ittee Füll Name (and Fund if applicable)			2. ID Num	iber 🗼 💢	
Committe	ee to Elect Violet	Arth				RECEI	VED LECTIONS	
3. Contri	butor Informatio)n	\boxtimes	Add Rem	iove	PVFI./.AL	ŦŖŔIJĸĬŦ Y	
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment		1 1
(include	city, state, & zip)			homemaker	21	ZI AUG Ib	P 12: 19	
Kristina I	Rucker			c. Employer's Name/Spe				
PO Box 2						e. Election S	um to Data	
Shelby, N	IC 28151						<u> </u>	
					1	\$	100	
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		check			08/12/20	021	\$	100
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							\$	
3. Contri	butor Informatio	on - All Control		Add Fall Rem	iove			
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	5	· · · · · · · · · · · · · · · · · · ·
(include	city, state, & zip)			General Manager				
Carol He	ndrix Rose			c. Employer's Name/Spe	cific Field			
04.01.110.					<u> </u>			
				Leasing Services II,	Inc	e. Election St	um to Date	
						\$	50	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		Paypal			08/06/20	021	\$	50
							\$	
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3. Contri	butor Informatio	n F		Add Rem	ove:			
	e, Mailing Address &	Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)		Physical Company					
				c. Employer's Name/Spe	cific Field			
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	The second secon	Detailed Summary Page CRO	-1100)			\$		1130

Disbursements					Pg	<u>1</u>	
DISBUISCIAL		_	_	 . •	- 6	,	, •

Amendment	
Yes	No

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)									
committee to Elect Violet Arth									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)									
Operating Expenses Contributions to Candidates/Political Committees									
4. Payee Information Add Remover Removers									
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Na	1me 7071 Al	d. Comments 2: 19				
(include city, state,	& zip)			2021 110					
			Table 1 (Casife)						
Amazon			c. Level Registered (Specify) Federal County:						
			State	Municipality:	e. Election Sum to Date				
			State	windipartey.					
					\$ 23.99				
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
	debit card		08/12/2021	\$23.99	t-shirt making				
	debit card		00/12/2021	Ψ23.77					
				\$					
to open programme og til store og det en skale ska				Damas					
	ation : See See		Add Remove		d. Comments				
	ng Address & Phone		b. Coordinated Committee Name		d. Comments				
(include city, state,	& zip)								
Super Cheap Sig	ana		c. Level Registered (Specify)						
Super Cheap Sig	Rite		Federal County:						
			State	Municipality:	e. Election Sum to Date				
					e 257.66				
					\$ 257.66				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
	debit card		08/12/2021	\$257.66	yard signs				
	deoit card		00/12/2021	4207.00					
				\$					
4. Payee Inform			Add Remove: b. Coordinated Committee Name		d. Comments				
	ng Address & Phone		D. Coordinated Committee Iva	ime	u. Comments				
(include city, state,	& Z1p)								
Yard Signs			c. Level Registered (Specify)						
raid Signs			Federal County:						
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					\$ 75.7 4				
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	debit card		08/12/2021	\$93.94	yard signs				
	·			\$					
	n e				\$ 375.59				
5. Total only thi	s Page CRO-1310 Pages	4 3,3.32							
	line 13a of Detailed Sum	•							
(This line goes in	line 13b of Detailed Sun	\$							
(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)									
A* - Media	B* - Printing	C* - Fund	raising D - To Anothe						
E - Salaries	F* - Equipment J - Penalties		Public Office Expenses 1 to Legal Expense Fund						
O* - Other									
*:Codes requir	e detailed explanati	on in required re	marks field (k)	4					

Disbursements

Pg <u>2</u>

of <u>2</u>

Amendment
Yes

No

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										
Committee to Elect Violet Arth RECEIVED										
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursements) FOTIONS										
Operating Expenses Contributions to Candidates/Political Committees 4: Payee Information Add Remove										
	d.:Commenio: 19									
	ing Address & Phone		b. Coordinated Committee Na	IME ZOZI AUG	4.8 minute. 1 d					
(include city, state,	& zip)	<u> </u>								
Taract			c. Level Registered (Specify)							
Target			Federal County:							
			State	Municipality:	e. Election Sum to Date					
					\$ 88.93					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
	debit card	·	08/14/2021	\$51.48	t-shirts					
					1-9111179					
	debit card		08/15/2021	\$37.45	t-shirts					
4. Payee Inform	nation ()		Add	Remove						
	ing Address & Phone		b. Coordinated Committee Na	ıme	d. Comments					
(include city, state,										
			c. Level Registered (Specify)	<u> </u>						
			Federal	County:						
			State	Municipality:	e. Election Sum to Date					
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1				\$						
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A Davisa Jesta	 nation		 Add	Remove						
	ng Address & Phone	A STATE OF THE PARTY OF THE PAR	b. Coordinated Committee Na		d. Comments					
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anciude city, state,										
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				\$						
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The state of the s	CRO-1310 Pages									
	line 13a of Detailed Sum	\$ 464.52								
(This line goes in	line 13b of Detailed Sum	ψ 101.J 2								
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)										
7. Purpose Cod										
A* - Media B* - Printing C* - Fund					r Candidate Public Office Expenses					
E - Salaries	F* - Equipment J - Penalties		eal Party ce Expenses		to Legal Expense Fund					
I - Postage O* - Other	J - 1 Chaines	K - One	.с дареносо	2 20,,,,,,,,						
	e detailed explanati	on intrequired re	marks field (k)							