				Amendment
Disclosure Re	port Cover	C	-iid asshmitted along sy	Yes No
	neral report and committee in to update information	nformation, must be	signed and submitted along wi	in other detailed forms.
on the second of the contract of the second				
1. Committee Infor		NEAELVED.		c. ID Number
a. Full Name		RECEIVED		
Committee to Elect	Violet Arth CLEVE	OF ELECTIONS		
	ude City, State and Zip Code)			d. Date Filed
	2021 OC	T 22 P 2: 10		10/22/2021
922 West Sumter St	, Shelby, NC 28150			e. Phone Number
				704-481-7595
		4. Period	End Date 5. Treasurer	Full Noma
2. Report Year	3. Period Start Date (mm/d	d/yy) (mm/dd/yy)		Lui Name
2021	9/20/2021	10/1	8/2021 Michelle Cor	10V
	of LOCA	0.41	Michelle Gar (check only one type of re	the first of the f
6. Type of Committ  Candidate Campa		9. Type of Report  Municipal	State/County	Referendum
Candidate Campa PAC	Referendum	Organizationa		Organizational
Independent	Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Expenditure Legal Expense Fu	<del></del>			
	(if applicable, check one)	Pre-primary	First	Final
"Booster Fund"	See 1994 Andrews - Company of the contract of	Pre-election	Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual
		Semi-annual	Fourth	Special
		Mid Year Year End		10. Special Report Name
Other:		Final	Year End	
8. Number of Fund	raisers this Report	Special	Final	
	And the second s	-	Special	
11. Account Inform	ation		11. Account Information	
a. Financial Institution I	17557W9-1-3 COVI 10 COVID-10 C		a. Financial Institution Full Name	
Wells Fargo				
b. Purpose	c. Account Code		b. Purpose	c. Account Code
	d. Period Begin Balance			d. Period Begin Balance
		,		
	\$ 2715.94			\$
CERTIFICATION				
I certify that the Con	nmittee or Fund is in compli	ance with all applica	ble provisions of Article 22A,	22B, & 22D-22M of Chapter 163 of
the NC General Statu	ites and that no funds are co	mmingled with proh	ibited or other non-disclosed f	unds. I further certify that this report
is complete, true and	correct and that I have been	trained by the Nut	state Board of Elections.	10/22/21
1910	Printed Name of Signer		gnature of Appointed Treasurer	Date
FOR OFFICE USE O				
Date Received:	10/22/21	Employee:	<del>(1)</del>	Delivery Method
Date Received.		Employee.		☐ Normal Mail ☐ Registered Mail
Date Postmarke	d:	Employee:		Hand Delivered
D-4-0- 4		Employees		Electronically Filed
Date Scanned:		Employee:		Signer has not received
Date Data Enter	ed: 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Employee:		mandatory training
Please Note: Thi	s form cannot be used to am	end committee info	mation such as the committee	address, treasurer, assistant treasurer,
			ion, or account information.	• •
	You must amend the States	ment of Organization	n (CRO-2100A-E) to make con	nmittee changes.

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

Ame	ndment	 
	Yes	No

1. Committee Full Name (and Fund if applicable) 22. Ty			. ID Number				
Committee to Elect Violet Arth	THE RESIDENCE OF THE PARTY OF T	The Control of the Co	programma in a 1994 to design the control of the second of				
ocheWED .							
Start of Election Cycle: January PRARD OF ELECTION CAN DESCRIPTION OF ELECTION	21 NTY	Total this Reporting Period	Election Cycle				
4) Cash on Hand at Start		\$ 2715.94	\$ 0				
RECHERRES							
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$				
6) Contributions from Individuals	(CRO-1210)	\$ 1750	\$ 5400				
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, 11d a	nd 11e)	\$ 1750	\$ 5400				
EXTREMEDITEUTRES							
13) Disbursements		getting the second section of the se					
13a) Operating Expenditures	(CRO-1310)	\$ 2637.07	\$ 3571.13				
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	d 17)	\$ 2637.07	\$ 3571.13				
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line		\$ 1828.87	\$ 1828.87				
PROTEINAMENO PROTEINAMENTO PRANTO DE CONTROLLA PARA PROTEINA DE CONTROLLA PARA PROTEINA PARA PARA PARA PARA P		f .					
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)	\$	\$				
CRO-1100 NC State Board of Elections	(CAO-1213)		August 2008				

_	• • • •	T 11 131					Amendment	No
Contr	ibutions from	n Individuals	war \$51	Pg or contributions unde	of	O 1205 is n	of used	∐ No
		and Fund if applica		y or contributions und	7 \$50 M 101M CA		mber	
	ee to Elect Violet		B(	RECEIVED DARD OF ELECTION TANKS	DNS			
3. Contr	ibutor Informatio	)n====================================		Add LOURer	no <b>v</b> e			
Contracting the second	me, Mailing Address &		70	b. Jab Title/Profession	10	d. Commen	its	-
(include	city, state, & zip)		2.0	4' Owner 2 F 2.	10			
David Re	nvster			c. Employer's Name/Sp	ecific Field	1		
212 Fair	•							
Shelby, 1	NC 28150			Capitol Funds		e. Election	Sum to Date	<u></u>
					\$	500		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	1 (1)
		check			10/6/20	021	\$	500
							\$	
							\$	
3. Contr	ibutor Informatio	)n		Add Ren	nove:			
Professional Company State (Company)	me, Mailing Address	Service and a first to the service and the ser	, e	b. Job Title/Profession	d. Commen	its		
(include	city, state, & zip)			retired				
Eddie Ho	albrook			c. Employer's Name/Specific Field				
201 Troc								
Shelby, I	NC 28150				e. Election Sum to Date			
						\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		check			10/4/20	)21	\$	200
							\$	
							\$	
3. Contr	ibutor Informatio	n - Transfer		Add Ren	iove	Security Control of the Control of t		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)			Executive Director				
Elizabeth Flowers 116 Belevedere Ave Shelby, NC 28152			c. Employer's Name/Sp	]				
			Ga Senate Democrats		e. Election Sum to Date			
					\$	300		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		k. Amount	
		check		.,	10/11/2	021	\$	200
$\boxtimes$		check			9/7/20	21	\$	100
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

900

\$

\$

		m Individuals	050	Pg	of	0 1205 ia no	Amendment  Yes	□ No	
			ver \$50 or contribution		r \$50 if form CR		i usea i <b>ber</b>		
P. S. Challenger (Child ) Physics	ee to Elect Violet	(and Fund if applicated) Arth	RECEIVED OARD OF ELECTIC	ins		2231D: Nair			
3. Contr	ibutor Informatio	control to a process and Product solutions of the Assault solution of the Assault		Rem	ove			100	
a. Fuli Nar	ne, Mailing Address of city, state, & zip)		721 OCT 55 55 Fille/Exol Trust Investm	ession term Of	fficer	d. Comments	<b>S</b> } - E		
Michelle	•		c. Employer's Na	me/Spe	cific Field				
	t Marion St NC 28150		Bank OZK			e. Election S	um to Date		
						\$	700		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yy	уу)	k. Amount		
		check			10/7/20	)21	\$	500	
$\boxtimes$		check	*		8/4/20	021	\$	200	
							\$		
3. Contr	ibutor Informatio	on	Add:	Rem	ove		New York		
a. Full Nar	ne, Mailing Address	& Phone	b. Job Title/Prof	ession		d. Comments	S		
(include	city, state, & zip)		retired						
Sally Ro			c. Employer's Na	me/Spe	eific Field				
212 Fairy Shelby, N	NC 28150					e. Election S	um to Date		
,						\$	700		
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	ne, Mailing Address &	& Phone	b. Job Title/Prof			d. Comments	<b>S</b>		
(include	city, state, & zip)		general mana	ger					
Carol Ro			c. Employer's Na	me/Spe	cific Field				
1838 Fairview Rd Shelby, NC 28152		Leasing SErv	Leasing SErvices			e. Election Sum to Date			
, ,	. = <b></b>					\$	100		
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		ohack			10/11/20		•	50	

NC State Board of Elections

8/6/2021

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800

April 2007

 $\boxtimes$ 

CRO-1210

check

4. Total only this Page

No.
Committee Full Name (and Fund Happlicable)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & Phote (include city, state, & zip)   Committee Full Name, Mailing Address & P
Committee to Elect Violet Arth
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)  Don Yelton
Don Yellow   Shellow   Shellow   State, & zip)   Don Yellow   Shellow   S
Cinclude city, state, & zip)
Contributor Information   Shelpy, NC 28150   Shel
10   Shady Ridge Lane   Shelby, NC 28150
Shelby, N C 28150
S   S   S   S   S   S   S   S   S   S
Prior   g. Account Code   h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount
Check
S. Contributor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  E. Prior g. Account Code h. Form of Payment in Information g. Add series in Information g. Add
3. Contributor Information   Add   Remove   a. Full Name, Mailing Address & Phone (include city, state, & zip)    6. Prior   g. Account Code   h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount    6. Prior   g. Account Code   h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount    7. S    8. Contributor Information   S    8. Contributor Information   Add   Remove    8. Full Name, Mailing Address & Phone (include city, state, & zip)    6. Employer's Name/Specific Field    8. C. Employer's Name/Specific Field    8. C. Employer's Name/Specific Field    9. C. Employer's Name/Specific Field    9. C. Employer's Name/Specific Field    10. C. Employer's Name/Specific Field    11. C. Employer's Name/Specific Field    12. C. Employer's Name/Specific Field    13. C. Employer's Name/Specific Field    14. C. Employer's Name/Specific Field    15. C. Employer's Name/Specific Field    16. C. Election Sum to Date    17. C. Employer's Name/Specific Field    18. C. Election Sum to Date    18. C. Election
A. Full Name, Mailing Address & Phone (include city, state, & zip)
retired
C. Employer's Name/Specific Field
e. Election Sum to Date  S  f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  S  S  S  S  S  S  Add Remove  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Employer's Name/Specific Field  e. Election Sum to Date  e. Election Sum to Date  g. Election Sum to Date  e. Election Sum to Date
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f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount
□
□ s
\$
4. Total only this Page \$ 50
5. Total of ALL CRO-1210 Pages \$ 1750

_						Amendment	
Disbursem				Pg	<u>1</u> of	The second secon	N
Use this form to	report expenditures	from the committ	ee for; operating of	expenses,	contributions 1	to candidate/political	
	coordinated party ex		randomento escuente a atigidad de Landina (Chinesia). Per	na sa Marina na sa Anga 1888	nanishrana kata sa Nasar wa sa saka		deserti.
	Full Name (and Fun	d if applicable)				2. ID Number	No.
	Elect Violet Arth		RECEL	<u>VFD</u>			omeres.
	oursement (Plea	ise use separate C	RUAISEO forms (	or each i	Wesof Disburs	Coordinated Party Expenditures	
Operating			ndídátes/Pólitical Con Add		; ; <u> </u>	Coordinated Farty Experientates	##D:
	mation	<u> Тики Ш</u>	Maa Maa	10000		d. Comments	*****
	ling Address & Phone		13 to dining to	municipi	<u> </u>	u. common	
(include city, state	, & zip)		-				
UPS Store			c. Level Registered	d (Specify)			
OI B Bloic			Federal		County:		
			State	□	Municipality:	e. Election Sum to Date	
						\$ 1025.39	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	/уууу)	j. Amount	k. Required Remarks	14.
	debit card		9/22/2021		\$232.51	Postcards	
	don our					postcards	
	debit card		9/24/2021		\$527	postcards	
4. Payee Infort	mation		Add	44. <b>1</b> 2. <b>1</b> 2. <b>1</b>	Remove		a Sy
a. Fuli Name, Mai	ling Address & Phone		b. Coordinated Co	mmittee N	ame	d. Comments	
(include city, state	, & zip)						
XICDC.			. YI Doorlot	d (Cresify)			
USPS			c. Level Registered	(Specify)	<del>- '-</del>		
			Federal State	님	County: Municipality:	e. Election Sum to Date	
			State		with cipality.		
						\$ 1813.2	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	/уууу)	j. Amount	k. Required Remarks	1
	debit card		9/22/2021		\$240	stamps	
			_		<u> </u>	stamps	
	debit card		9/24/2021		\$400	Statipo	
4. Payee Infori	nation		Add		Remove		清觀
a. Full Name, Mai	ling Address & Phone		b. Coordinated Co	mmittee N	ame	d. Comments	<u>:</u>
(include city, state	, & zip)		1				
***					-		
USPS			c. Level Registered	i (Specify)			
			Federal State	님	County:	a Flantian Count to Date	
			State		Municipality:	e. Election Sum to Date	—
						\$ 1813.2	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	/уууу)	j. Amount	k. Required Remarks	
	debit card		9/24/2021		\$1160	stamps	
					\$		
5. Total only th		l				\$ 2559.51	
ACCURATION OF THE PROPERTY OF	CRO-1310 Pages	Tara da la					
	n line 13a of Detailed Sun				al Course	\$	
, .	n line 13b of Detailed Sun n line 13c of Detailed Sun						

A\* - Media E - Salaries B\* - Printing

C\* - Fundraising

D - To Another Candidate

E - Salaries F\* - Equipment
- Postage J - Penalties

G - Political Party

K\* - Office Expenses

H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

I - Postage O\* - Other

\* Codes require detailed explanation in required remarks field (k)

7. Purpose Codes (List detailed expenditure code in (h.) above)

				Amend	ment	
Disbursements	Pg	<u>2</u>	of		Yes	No
Use this form to report expenditures from the committee for; operating	expenses,	, contri	ibutions to can	didate/politic	al	
and according to a property expanditures						

committees and coordinated party expenditures 2. ID Number 1. Committee Full Name (and Fund if applicable) committee to Elect Violet Arth or each type of Disbursement.) 3. Type of Disbursement (Please use separate CRO-13-19-10-1705) Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses 4. Payee Information Add Remove by Goordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Office Max Federal County: e. Election Sum to Date State Municipality: 72.24 h. Purpose Code i. Date (mm/dd/yyyy) i. Amount k. Required Remarks g. Form of Payment f. Account Code labels 9/22/2021 \$68.63 debit card postcards \$3.61 9/24/2021 debit card 4. Payee Information Add Remove d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Paypal Federal County: Municipality: e. Election Sum to Date State 5.32 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks service fee 8/20/2021 \$5.32 debit card \$ 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: State Municipality: e. Election Sum to Date h. Purpose Code j. Amount k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) \$ \$ 77.56 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) \$ 2637.07 (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 A\* - Media B\* - Printing C\* - Fundraising F\* - Equipment G - Political Party H\* - Holding Public Office Expenses E - Salaries Q\* - Donation to Legal Expense Fund I - Postage J - Penalties K\* - Office Expenses O\* - Other \* Codes require detailed explanation in required remarks field (k)