

Disclosure Report Cover

Amendment

☐ Yes ☒ No

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

a. Full Name <u>Lacey for Clerk</u>	c. ID Number <u>01</u>
b. Mailing Address (include City, State and Zip Code) <u>804 E. Graham St. Shelby NC 28150</u>	d. Date Filed <u>011426</u>
	e. Phone Number <u>1044735622</u>

2. Report Year <u>2025</u>	3. Period Start Date (mm/dd/yy) <u>070125</u>	4. Period End Date (mm/dd/yy) <u>123125</u>	5. Treasurer Full Name <u>Johnnie Cline Ingle</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign	☐ Party	☐ Organizational	☐ State/County	☐ Referendum
☐ PAC	☐ Referendum	☐ Thirty-five day	☐ Quarterly	☐ Organizational
☐ Independent Expenditure	☐ Joint Fundraiser	☐ Pre-primary	☐ First	☐ Pre-referendum
☐ Legal Expense Fund		☐ Pre-election	☐ Second	☐ Final
		☐ Pre-runoff	☐ Third	☐ Supplemental Final
		☐ Semi-annual	☐ Fourth	☐ Annual
		☐ Mid Year	☐ Semi-annual	☐ Special
		☐ Year End	☐ Mid Year	
		☐ Final	☒ Year End	
		☐ Special	☐ Final	
			☐ Special	

7. Type of Fund (if applicable, check one)

☐ Booster Fund
☐ Building Fund
☐ Other:

8. Number of Fundraisers this Report

11. Account Information

a. Financial Institution Full Name <u>Fidelity Bank</u>	a. Financial Institution Full Name
b. Purpose <u>Campaign Finance</u>	b. Purpose
c. Account Code <u>01</u>	c. Account Code
d. Period Begin Balance <u>\$ 111459</u>	d. Period Begin Balance

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.

Lacey Ange
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

011426
Date

FOR OFFICE USE ONLY

Date Received: 1.14.26

Employee: WPPB

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

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.

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

Detailed Summary

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

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Lacey for Clerk	End of Year	01
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 111454	\$

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1,000	\$ 5450 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)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1,000	\$ 5450 ⁰⁰

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1352 ⁴⁸	\$ 4687 ⁹⁹
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)	\$ 1352 ⁴⁸	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 762 ⁰⁶	\$ 762 ⁰⁶

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)	\$	
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

August 2008

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Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Pg ____ of ____

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) Lacey for Clerk						2. ID Number	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lacey Ange 804 E. Graham St. Sheiky NC 28150				b. Job Title/Profession Clerk of Court		d. Comments	
				c. Employer's Name/Specific Field Clev. Co. Clerk of Sup Court			
				e. Election Sum to Date \$ 4300⁰⁰			
f. Prior ☐	g. Account Code 01	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 11/01/25	k. Amount \$ 1000⁰⁰		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Sum to Date \$			
f. Prior ☐	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount \$		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
				e. Election Sum to Date \$			
f. Prior ☐	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount \$		
☐					\$		
☐					\$		
4. Total only this Page							
\$ \$1000							
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							
\$ \$1000							

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Disbursements

Pg ____ of ____

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) Lacey for Clerk						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ Operating Expenses		☐ Contributions to Candidates/Political Committees		☐ Coordinated Party Expenditures			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Cleveland County BOE PO Box 1299 Shelby NC 28150				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date \$ 1500.48	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code 01	g. Form of Payment check	h. Purpose Code	i. Date (mm/dd/yyyy) 11/01/25	j. Amount \$ 1352.40	k. Required Remarks Filing fee		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date \$	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date \$	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date \$	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks		
5. Total only this Page						\$ 1352.40	
6. Total of ALL CRO-1310 Pages						\$ 1352.40	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

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