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.

1. Committee Information
   a. Full Name: Friends of Shaun Murphy
   b. ID Number: FEB 24 2020
   c. Mailing Address: 245 Dixon School Rd, Kings Mtn, NC, 28086
   d. Date Filed:
   e. Phone Number: 704-300-8760

2. Report Year: 2020
   3. Period Start Date (mm/dd/yyyy): 1-1-2020
   4. Period End Date (mm/dd/yyyy): 2-15-2020
   5. Treasurer Full Name:

6. Type of Committee (Check One): PAC
   9. Type of Report (check only one type of report from one category):
      a. Candidate Campaign
      b. PAC
      c. Independent Expenditure
      d. Legal Expense Fund
      e. Municipal
      f. Organizational
      g. Thirty-five day
      h. Pre-primary
      i. Pre-election
      j. Pre-runoff
      k. Semi-annual
      l. Mid Year
      m. Semi-annual
      n. Year End
      o. Fourth
      p. Final
      q. Special
      r. First
      s. Second
      t. Third
      u. Mid Year
      v. Year End
      w. Referendum
      x. Organizational
      y. Pre-referendum
      z. Final

7. Type of Fund (if applicable, check one):
   a. Booster Fund
   b. Building Fund
   c. Other:

8. Number of Fundraisers this Report:

11. Account Information
   a. Financial Institution Full Name:
   b. Purpose:
   c. Account Code:
   d. Period Begin Balance: $100.00

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 32A, 32B & 32D-32M of Chapter 153 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.

H. Shaun Murphy
Printed Name of Signer

H. Shaun Murphy
Signature of Appointed Treasurer

02/24/2020
Date

FOR OFFICE USE ONLY

Date Received: 2-24-2020
Employee:

Date Postmarked: 2-24-2020
Employee:

Date Scanned: 2-24-2020
Employee:

Date Data Entered: 2-24-2020
Employee:

Delivery Method:
- Normal Mail
- Registered Mail
- Band Delivered
- Electronically Filed

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.

CRO-1000
NC State Board of Elections
August 2008
### Detailed Summary

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

<table>
<thead>
<tr>
<th>1. Committee Full Name (and Fund if applicable)</th>
<th>2. Type of Report</th>
<th>3. ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends of Shaun Murphy</td>
<td>First Quarter</td>
<td></td>
</tr>
</tbody>
</table>

#### Start of Election Cycle: January 1, 2020

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 100.00</td>
<td>($RO-1205)</td>
<td>($RO-1210)</td>
<td>($RO-1220)</td>
<td>($RO-1220)</td>
<td>($RO-1410)</td>
<td>($RO-1240)</td>
<td></td>
<td>$ 0</td>
</tr>
</tbody>
</table>

#### RECEIPTS

#### EXPENDITURES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>($RO-1310)</td>
<td>($RO-1310)</td>
<td>($RO-1310)</td>
<td>($RO-1315)</td>
<td>($RO-1429)</td>
<td>($RO-1324)</td>
<td></td>
<td>$ 403.92</td>
</tr>
</tbody>
</table>

#### ADDITIONAL INFORMATION

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>($RO-1339)</td>
<td>($RO-1440)</td>
<td>($RO-1610)</td>
<td>($RO-1620)</td>
<td>($RO-1729)</td>
<td>($RO-1714)</td>
<td>($RO-1440)</td>
<td>($RO-222)</td>
<td>($RO-1215)</td>
</tr>
</tbody>
</table>