

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 | | c. ID Number | |
| a. Full Name COMMITTEE TO ELECT KRISTEN POWERS | | | |
| b. Mailing Address (include City, State and Zip Code) PO BOX 372 SAXAPAHAW, NC 27340 | | d. Date Filed 07/03/2021 | |
| | | e. Phone Number (336) 525-1446 | |
| 2. Report Year 2021 | 3. Period Start Date (mm/dd/yy) 01/01/2021 | 4. Period End Date (mm/dd/yy) 06/30/2021 | 5. Treasurer Full Name KRISTEN POWERS |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) | | State/County | |
| <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report 0 | | 10. Special Report Name | |
| | | | |
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name WELLS FARGO | | a. Financial Institution Full Name | |
| b. Purpose FOR CAMPAIGN RELATED ACTIVITY | c. Account Code KP | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ | RECEIVED JUL 06 2021 | d. Period Begin Balance \$2,698.95 |
| 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 collected, 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. | | | |
| <u>Kristen Powers</u> Printed Name of Signer | | <u>[Signature]</u> Signature of Appointed Treasurer | |
| | | 07/03/2021 Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | <u>7/6/2021</u> | Employee: | <u>JG</u> |
| Date Postmarked: | _____ | Employee: | _____ |
| Date Scanned: | <u>8/5/2021</u> | Employee: | <u>JG</u> |
| Date Data Entered: | _____ | Employee: | _____ |
| Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <input type="checkbox"/> 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

Amendment
 Yes 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 | |
|--|---------------------------|-----------------------------|---------------------------|
| COMMITTEE TO ELECT KRISTEN POWERS | 2021 Mid Year Semi-Annual | | |
| Start of Election Cycle: January 1, <u>2021</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 2,648.95 | \$ 2,648.95 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 0.00 | \$ 0.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 0.00 | \$ 0.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 | \$ 0.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 | \$ 0.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 0.00 | \$ 0.00 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 | \$ 0.00 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ 0.00 | \$ 0.00 |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ 0.00 | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 0.00 | \$ 0.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 144.00 | \$ 144.00 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 126.31 | \$ 126.31 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 0.00 | \$ 0.00 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 0.00 | \$ 0.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 270.31 | \$ 270.31 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 2,378.64 | \$ 2,378.64 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 0.00 | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | \$ 0.00 | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | \$ 0.00 | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ 0.00 | |
| 25) Administrative Support | (CRO-1710) | \$ 0.00 | \$ 0.00 |
| 26) Forgiven Loans | (CRO-1440) | \$ 0.00 | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 | \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 | \$ 0.00 |

Aggregated Non-Media Expenditures

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Optional form used to report NC Non-Media Expenditures of \$50 or less.

| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
|--|-----------------------|-----------------------------|---------------------------------|---|-----------|----------------------|
| COMMITTEE TO ELECT KRISTEN POWERS | | | | | | |
| 3. Payee Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | KP | Draft | O | 01/04/2021 | \$ 2.50 | MERCH FEES |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | KP | Draft | O | 02/02/2021 | \$ 2.50 | MERCH FEES |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | KP | Draft | O | 03/02/2021 | \$ 2.50 | MERCH FEES |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | KP | Draft | O | 04/02/2021 | \$ 22.50 | MERCHANT FEES |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | KP | Draft | O | 05/03/2021 | \$ 22.50 | MERCHANT FEES |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | KP | Draft | O | 06/02/2021 | \$ 22.50 | MERCHANT FEES |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | KP | Draft | O | 01/11/2021 | \$ 1.31 | ECOMMERCE FUNDS DIST |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | KP | Draft | O | 02/09/2021 | \$ 50.00 | ECOMMERCE FUNDS DISB |
| 4. Total only this Page | | | | | \$ | 126.31 |
| 5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | 126.31 |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| | 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* - Donations to Legal Expense Fund | | |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | |

Disbursements

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 KRISTEN POWERS | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| SQUARESPACE 225 VARICK ST 12TH FLOOR NEW YORK, NY 10014 | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | | |
| | | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ | | 144.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| KP | Draft | A | 01/07/2021 | \$ 144.00 | WEBSITE DOMAIN | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 144.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 144.00 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| 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) | | | | | | | |