Disclosure Re	eport (Cover						Amend	lment Yes 🔀 No		
Use this form for ge Do not use this form			informat	tion, must be	e signed ar	ıd subi	mitted along with o	ther de	tailed forms.		
1. Committee Infor		e intornation									
a. Full Name							<u> </u>	c. II) Number		
Committee to Elect	Emily Si	harpe				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
b. Mailing Address (inc		State and Zip Code)					······································	d. D	ate Filed		
207 Brighton Drive Elon, NC 27244									10/18/2021		
									e. Phone Number		
									704.458.5420		
2. Report Year 3. Period Start Date (mm/dd/yy)				4. Period End Date (mm/dd/yy)		5. Treasurer Ful	ull Name				
2021	ı	01/01/2021		10/1	18/2021	8/2021 Emily Sharpe					
6. Type of Commit	tee (Chec	k One)	9. Typ	e of Report	(che	ck onl	y one type of repor	e type of report from one category)			
Candidate Campa	aign 🔲	Party	Munici			state/Co	unty	Referendum			
☐ PAC		Referendum		Organizationa	.i [_	Organizational		Organizational		
Independent Expenditure Legal Expense Fo	und	Joint Fundraiser	Thirty-five da		y Quarter		arterly		Pre-referendum		
7. Type of Fund		cable, check one)		Pre-primary	[1	First		Final		
Booster Fund"				Pre-election	Second			Supplemental Final			
Building Fund				Pre-runoff			Third		Annual		
	,			Semi-annual] []	Fourth		Special		
.			I∐	Mid Year	ـ ا	S	emi-annual	<u> </u>			
Other:				Year End		_	Mid Year	10.	Special Report Name		
0.37		Na ka ⊑i mana ing tabung at sa tabu	[남	Final		╡ _	Year End				
8. Number of Fund	raisers th	iis Report		Special] [_	inal pecial				
11. Account Inform					11. Acco		Iformation				
a. Financial Institution I							ution Full Name				
Fidelity Bank											
b. Purpose	c.	Account Code			b. Purpose			c. A	Account Code		
All Campaign Expenses		A			RECEIVED		CEIVED				
Expenses	d.	. Period Begin Balance			OCT 25 202 Alamance coun		T 2 5 2021	d. 1	Period Begin Balance		
	\$	0						\$			
CERTIFICATION					BC	ARD	OF ELECTIONS	 -	·		
I certify that the Con	amittee or	r Fund is in compli	ance wit	h all applica				. & 22D	0-22M of Chapter 163 of		
									er certify that this report		
is complete, true and								اھ	أيحمام		
Emily Sharp	oe		<u> </u>	_ []	$\Delta u u$		MIL.	<u> 101</u>	1819091		
		Name of Signer		Si	ignature of A	pointe	d Treasurer		Date		
FOR OFFICE USE O Date Received:		10-25-2021	1	Employee:	,	CPT			ry Method		
Date Postmarked	4.	<u></u>						=	Normal Mail Registered Mail		
•	* -			Employee:	_			区 /1	Hand Delivered Electronically Filed		
Date Scanned:	-			Employee:					Signer has not received		
Date Data Entere	ed: _			Employee:		······································		I	mandatory training		
Please Note: This	s form car							ess, trea	asurer, assistant treasurer,		
		custodia	11 OI DOO	ks informati	ion, or acc	ount ir	HOMMATION.				

CRO-1000

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 Emily Sharpe **Pre-Election Report** Total this Total this Start of Election Cycle: 2021 January 1, Election Cycle **Reporting Period** Cash on Hand at Start RECEIPTS 5) Aggregated Contributions from Individuals \$ (CRO-1205) \$ \$ 6) Contributions from Individuals 2,355.00 (CRO-1210) \$ 2,355,00 7) Contributions from Political Party Committees \$ (CRO-1220) \$ 0 0 8) Contributions from Other Political Committees (CRO-1230) \$ 0 \$ 0 0 \$ 0 9) Loan Proceeds (CRO-1410) 10) Refunds/Reimbursements To the Committee (CRO-1240) \$ 0 \$ 0 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 0 \$ 11b) Contributions from Not-for-Profit Organizations 0 \$ 0 (CRO-1250) \$ 11c) Outside Sources of Income \$ 0 \$ 0 (CRO-1250) 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0 \$ 0 11 e) Exempt Purchase Price Sales (CRO-1265) \$ 0 \$ 0 **TOTAL RECEIPTS** (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) \$ 12) 2,355.00 2,355.00 <u>EXPENDITURES</u> 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 1,695,33 \$ 1695.33 13b) Contributions to Candidates/Political Committees (CRO-1310) 0 \$ 0 \$ 0 \$ 0 13c) Coordinated Party Expenditures (CRO-1310) 14) Aggregated Non-Media Expenditures (CRO-1315) \$ 0 \$ 0 0 \$ 15) Loan Repayments (CRO-1420) \$ O 16) Refunds/Reimbursements From the Committee (CRO-1320) \$ 0 \$ 0 17) In-Kind Contributions \$ \$ (CRO-1510) 0 0 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ 1,695.33 \$ 1,695.33 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 659.67 659.67 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 0 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 0 22) Debts and Obligations owed By the Committee \$ 0 (CRO-1610) 23) Debts and Obligations owed To the Committee (CRO-1620) \$ 0 24) Account Transfers Within the Committee (CRO-1720) 0 0 25) Administrative Support (CRO-1710) \$ \$ 0 26) Forgiven Loans 0 (CRO-1440) \$ \$ 0 27) 48-Hour Notice Reports Sum (CRO-2220) \$ 0 \$ 0

Contributions to be Refunded

\$

(CRO-1215)

0

\$

0

		m Individuals lividual contributions	over \$5	P _l O or contributions un			Amenamer Yes		
		(and Fund if applica	_	o or contributions an	uci ajv ii idiiii Cic	2. ID Nur			
	nmittee to Elect Er						344. 44		
3. Contr	ibutor Informati	on	×	Add 🔲 Re	emove				
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	its		
	city, state, & zip)			Living Well Progr	ram Director	Candidate	.e		
Emily Sh	-					_			
207 Brighton Drive Elon, NC 27244				c. Employer's Name/S	specific Field	4			
Eion, NC) 2 <i>12</i> 44			TIAA		e Flection !	e. Election Sum to Date		
		<u></u> .				\$	755.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-J	Kind Description	j. Date (mm/dd/yy	/ yy)	k. Amount		
	A	Check#2496			06/29/20	021	\$	250.00	
	A	Cash	Filing Fee		07/12/2	2021	\$	5.00	
	A	Check#2528	Į		09/22/2	2021	\$	500.00	
3. Contri	ibutor Informatic	on	×	Add 🔲 Re	emove				
*	ne, Mailing Address &	& Phone		b. Job Title/Profession	d. Comment	ts			
	city, state, & zip)			Financial Advisor					
	Campbell Fisher			<u> </u>		_			
	ndsor Circle			c. Employer's Name/S		4			
Elon, NC	2/244			Fisher Wealth Man	e. Election S	Inm to Date			
İ						······································			
						\$	300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	A	Check#5847	ļ	· · · · · · · · · · · · · · · · · · ·	08/23/20	021	\$	300.00	
							\$		
			<u> </u>				\$		
-	ibutor Informatio		<u> </u>		move	<u>, is the same of </u>			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	.\$		
**************************************	city, state, & zip) R Bolinger			Financial Advisor					
1103 Broo				c. Employer's Name/S	ĺ				
	oro, NC 27408		ı	Fisher Wealth Mar					
	· · · · · · · · · · · · · · · · · · ·		ı			e. Election Sum to Date			
						\$	150.00	***************************************	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yyy	уу)	k. Amount		
	A	Check #122			09/09/20)21	\$	150.00	
						**************************************	\$		
			<u> </u>				\$		
4. Total	only this Page	e				\$		1205.00	
5. Total	of ALL CRO-	-1210 Pages				\$			
(This line	must he on line 6 of	Detailed Summary Page Cl	DA-1100			, up			

Amendment

Contr	ibutions fro	m Individuals		I	Pg <u>2</u> of	<u> 3</u>	Yes	No
Transit di Constituti		lividual contributions		0 or contributions u	nder \$50 if form CI			
1. Comm	nittee Full Name	(and Fund if application	able)			2. ID Nu	mber	
The Con	nmittee to Elect E	mily Sharpe						,
3. Contr	ibutor Informati	ion	×	Add 🔲 R	Remove		**************************************	
	me, Mailing Address	& Phone	b. Job Title/Profession	on	d. Commer	nts		
	city, state, & zip)		·	Retired				
Larry W						_		
717 Colonial Dr				c. Employer's Name	Specific Field	-{		
Burlington, NC 27215			Keined		e. Election	e. Election Sum to Date		
								'' ' ' .
4.00	1 , , , , ,		т		1	\$	100.00	
f, Prior	g. Account Code	h. Form of Payment	i. J.n-1	Kind Description	j. Date (mm/dd/y		k. Amount	
	A	Check#3824			09/13/2	2021	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on	⊠	Add 🔲 R	emove			
a. Full Nai	ne, Mailing Address	& Phone		b. Job Title/Profession	d. Commen	ıts		
	city, state, & zip)			Senior VP, Sales				
Rodney	-							
	odhue Drive			c. Employer's Name/	_			
Burlingto	on, NC 27215			Hunt Electric Sup	704 A	~ . = .		
						e. Election	Sum to Date	
						\$	4,00.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	A	Check			07/29/2	2021	\$	400.00
							\$	
							\$	
3. Contri	ibutor Informatio	on	×	Add 🔲 R	emove	ala ef		
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Professio	Л	d. Commen	ts	<u> </u>
	city, state, & zip)			Assistant Principa	al			
Margaret					·	<u> </u>		
209 Brigl				c. Employer's Name/		4		
Elon, NC	27244			Guilford County	Schools	e. Election Sum to Date		
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	l i In I	Lind Description	j. Date (mm/dd/y)	<u> </u>	k. Amount	
	A	Check#1008	F. 141-44	dia Description	09/27/2		\$	250.00
	A	CHECK#1000	+		09/2/1/2	UZ1		230.00
Ш.	<u> </u>			 			\$	
							\$	
	l only this Pag					\$		750.00
5. Total	of ALL CRO	-1210 Pages				\$		

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

		m Individuals	over \$5	P _i O or contributions un		3 O 1205 is n	Amenamen Yes		
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRC 1. Committee Full Name (and Fund if applicable)							nber		
	ee to Elect Emily				- i - a - a - a - a - a - a - a - a - a				
3. Contr	ibutor Informati	on .	X	Add 🔲 Ro	emove				
a. Full Nar	ne, Mailing Address	& Phone	······································	b. Job Title/Profession	n	d. Commen	ts		
	city, state, & zip)			Financial Advisor	•				
M. Douglas Hargrove				FI	Y 400 130 1 1	-			
1012 Georgetown Dr Elon, NC 27244			c. Employer's Name/S Edward Jones	Specific Field	-				
Lion, 190 27244				Lawara sories		e. Election S	Sum to Date		
				\$ 200.00					
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	A	Check#2740	ļ	· · · · · · · · · · · · · · · · · · ·	09/28/2	021	\$	200.00	
				 			\$		
							\$		
3. Contri	butor Information	D n	×	Add 🔲 Re	emove		+ + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +		
	ae, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comment	ls		
	city, state, & zip)			Teacher					
Stacey Jo	nnson Pointe Way			c. Employer's Name/S	necific Field	-			
Elon, NC	•			Alamance Burling	1				
	•	•			e. Election Sum to Date				
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	Α	Check#1509	_	·	09/27/2	021	\$	100.00	
			ļ				\$		
							\$		
	butor Informatio		X	Add 🔲 Re	move				
	te, Mailing Address &	& Phone		b. Job Title/Profession	d. Comments				
(include of Joseph V	city, state, & zip)	·		Physical Therapist	ţ			Ī	
	lliamson aAve			c. Employer's Name/S					
Elon, NC				Joseph Libera Phy					
					e. Election Sum to Date				
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount		
	A	Check#2403	ļ		10/10/20	021	\$	100.00	
				······································			\$		
							\$		
4. Total	only this Page	e				\$		400.00	
	of ALL CRO					.		2255.00	
(Thin line		Datallad Communic Book C	Die 2100			\$		2355.00	

Amendment

Disbursements

Pg Cam1 of 2

Amendment

Yes
No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	full Name (and Fur	d if applicable)				2. ID Number			
Committee to E	Elect Emily Sharpe								
3. Type of Disb	ursement (Plea	ise use separate (CRO-1310 forms 1	or each	type of Disbursen	nent.)			
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Inform	nation	X	Add		Remove				
a. Full Name, Mail	ing Address & Phone		b. Coordinated Co	mmittee N		d. Comments			
(include city, state,	_				·				
VistaPrint		······	1						
275 Wyman Str	reet		c. Level Registered	(Specify)	· · · · · · · · · · · · · · · · · · ·	ન			
Waltham, MA			Federal	- (Specify)	County:	╡			
866,207,4955	J. 101		State	H	Municipality:	e. Election Sum to Date			
000,207,4555			State Municipanty.		e. Election Sum to Date				
			1			\$ 642.81			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	/уууу)	j. Amount	k. Required Remarks			
A	Debit Card	В	08/25/2021		\$572.58	Campaign Yard Signs			
A	Debit Card	В	09/27/2021		\$70.23	Campaign			
4. Payee Inform		l ⊠	Add		Remove	Posters			
	ng Address & Phone	<u> </u>	b. Coordinated Co	mmittes N		d. Comments			
	_		b. Continued Co	minitee 14	anc	u. Comments			
(include city, state, AXIS Promotio			-						
8 W 38th St	115		- II D1-4I	· (C · · · · · · · · · ·		-			
Floor 3			c. Level Registered	(Specity)		-			
	10010		Federal Federal	닕	County:				
New York, NY			State		Municipality:	e. Election Sum to Date			
(212) 226-0886						\$ 595.11			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks			
A	Debit Card	В	08/27/2021		\$270.00	Campaign Promos Sharpie Pens			
A	Debit Card	В	09/23/2021		\$325.11	Campaign Promos Sharpie Pens			
4. Payee Inform	ation	\boxtimes	Add Remove			<u> </u>			
a. Fuli Name, Maili	ng Address & Phone		b. Coordinated Committee Name			d. Comments			
(include city, state,	& zip)								
WIX.COM			1						
100 Gansevoort	St,		c. Level Registered	(Specify)		1			
New York, NY	10014		Federal		County:	1			
800.600.0949			State	П	Municipality:	e. Election Sum to Date			
						\$ 177.90			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	уууу)	j. Amount	k. Required Remarks			
A	Debit Card	A	09/27/2021		\$9.90	Website			
A	Debit Card	A	09/27/2021		\$168.00	Website			
5. Total only thi	s Page					\$ 1,415.82			
	CRO-1310 Pages					Ψ 1,710.02			
	line 13a of Detailed Sum	marv Page CRO-110) if Operating Expens	es)					
(This line goes in	al Comm)	\$							
	line 13c of Detailed Sum				•				
	s (List detailed exp				,				
A* - Media	B* - Printing	C* - Fund			D - To Anothe	er Candidate			
E - Salaries	F* - Equipment	G - Politic				er Candidate Public Office Expenses			
I - Postage	J - Penalties					n to Legal Expense Fund			
O* - Other									
* Codes require detailed explanation in required remarks field (k)									

							Amendment	
Disbursem	ents			Pg	2 of	2	Amenoment Yes	No
			ee for; operating exp					
	coordinated party ex							`
		ıd if applicable)		-65	<u> </u>		2. ID Number	
	Elect Emily Sharpe							.
3. Type of Disb Operating B			RO-1310 forms for an additional results of the resu			•	* ** * ** ***	<u> </u>
	 	Contributions to Can		ees		oordinated	d Party Expenditures	
4. Payee Inform	ing Address & Phone		Add b. Coordinated Comm	ittoo N	Remove	l d Co	mments	
(include city, state,	-		b. Cool dinated Collins	IIICE IN	пыс	u. C.0	шисиз	
Pandoras Pies	œ zip)					İ		
130 N Williams	on Ave		c. Level Registered (Sp	ecify)		-		
Elon, NC 27244	4	ļ	Federal	T	County:	1		
336.270.4599			State		Municipality:	e. Elec	ction Sum to Date	
						n 070.51		
						\$ 2	279.51	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Req	quired Remarks	
Α	Debit Card	0	09.27.2021		\$279.51		for Campa-	
			07.27.12021		4273.01	ign K	Cickoff	
					\$			
4. Payee Inform	l .ndin=		Add	<u> </u>	Remove	<u> </u>		
	ing Address & Phone		b. Coordinated Commi	ittee N		A Cor	mments	
(include city, state,	-	,	bi Coordinated Contin	1100 110	unit.	u. co.	macus	
(mende city; sense;	ш ыру					1		
			c. Level Registered (Sp	ecify)		~		
			Federal		County:	1		
			State Municipality:			c. Election Sum to Date		
						\$		
					·	, sp		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	<u>/)</u>	j, Amount	k. Req	uired Remarks	
					\$;
						<u> </u>		
					\$			
4. Payee Inform	ation	<u> </u>	Add	П	Remove	1		
	ng Address & Phone		b. Coordinated Commi	ttee Na		d. Con	nments	
(include city, state,		ļ	O COOTUNATION COMMIN			1.00.		
(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-								
		Ī	c. Level Registered (Spe	ecify)		1		
		Ī	Federal		County:	7		
		Į.	State		Municipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	')	j. Amount	k. Req	uired Remarks	
					\$			
					\$			
5. Total only thi	s Page					\$	279.51	
	CRO-1310 Pages					1		
	line 13a of Detailed Sum line 13b of Detailed Sum		if Operating Expenses) if Contrib to Candidates/	Politic	al Comm)	\$	1,695.33	

O* - Other * Codes require detailed explanation in required remarks field (k) CRO-1310

A* - Media

E - Salaries

I - Postage

C* - Fundraising

G - Political Party

K* - Office Expenses

(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)

B* - Printing

J - Penalties

F* - Equipment

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund