Disclosure Report Cover

Amendment

Yes X 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 WHITE FOR SHERIFF d. Date Filed b. Mailing Address (include City, State and Zip Code) P.O. BOX 283 01/06/2023 **BURLINGTON, NC 27216** e. Phone Number 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) KELLY WHITE 2022 10/23/2022 12/31/2022 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign Party Municipal State/County Referendum Organizational Organizational Organizational Joint Fundraiser □ PAC Pre-referendum Referendum Legal Expense Fund Thirty-five day Quarterly (if applicable, check one) Pre-primary First ☐ Final 7. Type of Fund "Booster Fund" Pre-election Second Supplemental Final Building Fund Pre-runoff Third Annual Presidential Election Year Candidates Fund Semi-annual ij. Fourth Special NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End Final 8. Number of Fundraisers this Report Special Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name TRUIST BANK c. Account Code b. Purpose c. Account Code b. Purpose FO RECEIPTS AND **EXPENSES** d. Period Begin Balance d. Period Begin Balance \$ 11,063.18 \$ 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 01/06/2023 Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY **Delivery Method** Date Received: Employee: ☐ Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered ☐ Electronically Filed Date Scanned: Employee: ☐ Signer has not rece Date Data Entered: Employee: mandatory trainin Please Note: This form cannot be used to amend committee information such as the committee address, treasure You must amend the Statement of Organization (CRO-2100A-E) to make committee changes

Amendment

Aggregated Contributions from Individuals Page 1 of 2 Ves No

Optional form used to report NC Contributions From Individuals of \$50 or less

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		Fund if applicable)		 	2, ID	Number	·····
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	or Information	F 30. # 30.	1. 7. 77. 37.	T. D. C. C.		Te A	
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Add Remove	1	Credit Card		10/30/202	22	\$	10.00
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Add Remove	1	Credit Card		10/26/202	22	\$	10.00
Add Remove	1	Credit Card		10/30/202	22	\$	25.00
Add Remove	1	Credit Card		11/04/202	22	\$	10.00
Add Remove	1	Credit Card		11/19/202	22	\$	5.00
Add Remove	1	Credit Card		10/30/202	22	\$	36.00
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CRO-1310		NC S	tate Boa	rd of Elections					December 2009