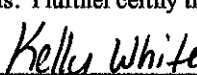



Disclosure Report Cover

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			c. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
P.O. BOX 283 BURLINGTON, NC 27216			08/08/2022	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2022	05/01/2022	06/30/2022	KELLY WHITE	
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		
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth 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)		10. Special Report Name		
<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:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
TRUIST BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
FO RECEIPTS AND EXPENSES	1			
	d. Period Begin Balance		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				
 _____ Printed Name of Signer		 _____ Signature of Appointed Treasurer		08/08/2022 _____ Date
FOR OFFICE USE ONLY				
Date Received: _____	Employee: _____	Delivery Method		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training		
Date Data Entered: _____	Employee: _____			
<p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>				

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/28/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/21/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/20/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/20/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/26/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/27/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/28/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/20/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/28/2022	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/22/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		05/22/2022	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/22/2022	\$ 5.00
4. Total only this Page					\$ 410.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 410.00

Contributions from Individuals

Pg 1 of 3

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
KAORI BRAHNA 5174 Swepsonville Saxapahaw Rd GRAHAM, NC 27253				RN		
				c. Employer's Name/Specific Field		
				UNC HOSPITALS		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		06/24/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ANTHONY FORIEST 2211 QUAIL DR. GRAHAM, NC 27253				UNKNOWN		
				c. Employer's Name/Specific Field		
				UNKNOWN		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		06/21/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BRIAN KENNEDY 654 Spanish Oak Rd ELON, NC 27244				CONSULTANT		
				c. Employer's Name/Specific Field		
				SELF		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		06/20/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,025.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WHITE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
NATHANIEL WARD 331 EAST MOREHEAD STREET BURLINGTON, NC 27215				RETIRED		
				RETIRED		e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Money Order		06/05/2022		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CINDY WRIGHT 218 Woodlawn Road MEBANE, NC 27302				NOT EMPLOYED		
				NOT EMPLOYED		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	Credit Card		06/20/2022		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,025.00	

Disbursements

Amendment

Pg 2 of 3 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)						2. ID Number
COMMITTEE TO ELECT WHITE FOR SHERIFF						
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
SIR SPEEDY 602 EDWARDIA DRIVE GREENSBORO, NC 27409						
				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:		
						\$ 183.61
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	06/17/2022	\$ 183.61	POSTCARDS	
				\$		
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, LLC 225 VARICK STREET, 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:		
						\$ 19.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	06/20/2022	\$ 19.00	WEBSITE SUBSCRIPTION	
				\$	FEE	
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
UNBOXT CONSULTING, LLC 1890 CHERRY LN HAW RIVER, NC 27258						
				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:		
						\$ 162.17
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	06/20/2022	\$ 162.17	WEBSITE DESIGN	
				\$		
5. Total only this Page						\$ 364.78
6. Total of ALL CRO-1310 Pages						\$ 1,607.55
<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)						