

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 KRISTEN POWERS | | | | | |
| b. Mailing Address (include City, State and Zip Code) | | | | d. Date Filed | |
| PO BOX 372 SAXAPAHAW, NC 27340 | | | | 02/26/2023 | |
| | | | | e. Phone Number | |
| | | | | (336) 525-1446 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | | |
| 2022 | 07/01/2022 | 12/31/2022 | 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 | | State/County | |
| | | <input type="checkbox"/> Organizational | | <input type="checkbox"/> Organizational | |
| | | <input type="checkbox"/> Thirty-five day | | <input type="checkbox"/> Quarterly | |
| | | <input type="checkbox"/> Pre-primary | | <input type="checkbox"/> First | |
| | | <input type="checkbox"/> Pre-election | | <input type="checkbox"/> Second | |
| | | <input type="checkbox"/> Pre-runoff | | <input type="checkbox"/> Third | |
| | | <input type="checkbox"/> Semi-annual | | <input type="checkbox"/> Fourth | |
| | | <input type="checkbox"/> Mid Year | | <input type="checkbox"/> Semi-annual | |
| | | <input checked="" type="checkbox"/> Year End | | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Final | | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | | <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 | |
| WELLS FARGO | | | | | |
| b. Purpose | | c. Account Code | | b. Purpose | |
| FOR CAMPAIGN RELATED ACTIVITY | | KP | | | |
| | | 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 | | | | | |
| | | | | 02/26/2023 | |
| Printed Name of Signer | | Signature of Appointed Treasurer | | Date | |
| FOR OFFICE USE ONLY | | | | | |
| Date Received: <u>4-28-23</u> | | Employee: <u> *</u> | | Delivery Method | |
| Date Postmarked: _____ | | Employee: _____ | | <input type="checkbox"/> Normal Mail | |
| Date Scanned: <u>4-28-23</u> | | Employee: <u> *</u> | | <input type="checkbox"/> Registered Mail | |
| Date Data Entered: _____ | | Employee: _____ | | <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. | | | | | |