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	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 a. Full Name c. ID Number COMMITTEE TO ELECT MEREDITH EDWARDS b. Mailing Address (include City, State and Zip Code) d. Date Filed 123 BAUMAN COURT 07/15/2022 GRAHAM, NC 27253 e. Phone Number ALAMANCE COUNTY BOARD OF ELECTIONS (919) 428-6779 2, Report Year, 3, Period Start Date (mm/dd/yy). 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name JOSEPH BRIAN GLAZE 04/30/2022 2022 01/01/2022 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 ☐ Joint Fundraiser Organizational Organizational Organizational □ PAC ☐ Pre-referendum Legal Expense Fund Thirty-five day Quarterly Referendum 7. Type of Fund (If applicable; check one) Pre-primary Final First Supplemental Final "Booster Fund" Pre-election Second Buitding Fund Pre-runoff Third ☐ Annual Semi-annual Fourth Special Presidential Election Year Candidates Fund Sem i-annual NC Public Campaign Financing Fund Mid Year 10. Special Report Name Year End Mid Year Year End Final Other: Final Special 8, Number of Fundraisers this Report Special 3: Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name CAPITAL BANK c. Account Code c. Account Code b. Purpose b. Purpose COMMITTEE USE J2911 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 07/15/2022 Date Treasurer FOR OFFICE USE ONLY 7-15-22 Delivery Method Date Received: Employee: ■ Normal Mail ☐ Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: Signer has not received Date Data Entered: Employee: 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

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