Disclosure Repo	ort Cover				Amendment	
Use this form for genera	al report and committe	ee information,	must be signed and s	ubmitted along	☐ Yes ☐ No with other detailed for	ms.
Do not use this form to	update information.		-			
1. Committee Informa	tion	n 2007 in 2007 de la composition de la General de la composition della composition della composition della composition della composition d				
a. Full Name				c.	ID Number	
Kobert	Shelton	Turner				
b. Mailing Address (include	City, State and Zip Code	e)		d.	Date Filed	
2402 13	lanche Ur				2-3-23	
Burlington	lanche Or NCZ	7215		e.	Phone Number 336-516-061	<u>-</u> 7.
2. Report Year 3. Perio			End Date (mm/dd/yy)	15 Troscurer]	7/6'7/0 - w	<u> </u>
	5-1-22	6.	30 - 22	Robert S		e/
6. Type of Committee (oort (check only one	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Candidate Campaign	Party	Municipal	State/County	Re	ferendum	hansus.
PAC	Referendum	Organization	 	1=	Organizational	
Independent Expenditure	Joint Fundraiser	Thirty-five da	' _ ` '	i 	Pre-referendum	
Legal Expense Fund		Pre-primary	First	 	Final	
7. Type of Fund (if a	pplicable, check one) 🦥	Pre-election	Seco		Supplemental Final	
Booster Fund	pplicable, cneck one)	Pre-runoff Semi-annual	Thir	- I -	Annual Special	
Building Fund		Semi-annual Mid Yea	Four Semi-ann		Special	
L'outoning a min		Year En			. Special Report Nan	**************************************
Other:		Final		End	. Dieciai vehore man	lt
8. Number of Fundrais	ers this Report	Special	Final			
to Manager () the expension of the second s	The grant of the system of the state of the system of the	<u> </u>	Special	ŀ		
The residence of the second section of the second s	42	STATE OF COMMENT OF STATE AND A SECURITY	A Marian Company of the Control of t	Signar Carrier was a second control of the		
11. Account Informatio	The transfer of the second sec		11. Account Inform	nation	::-:::::::::::::::::::::::::::::::::::	
a. Financial Institution Full I	Name	<u></u>	a. Financial Institution			
	Name					
a. Financial Institution Full I	Name	de		Full Name	Account Code	
a. Financial Institution Full I	Name Bank	de	a. Financial Institution	Full Name	Account Code	
a. Financial Institution Full I	Name Bank	de	a. Financial Institution	Full Name	Account Code	
a. Financial Institution Full I	Name Bank		a. Financial Institution	Full Name	Account Code Period Begin Balance	
a. Financial Institution Full I	C. Account Cod		a. Financial Institution	Full Name c. A		
a. Financial Institution Full I F, rsf b. Purpose Canpa'gn	Name BGAM c. Account Cod		a. Financial Institution	Full Name		
a. Financial Institution Full P F, rsf b. Purpose Canpaign CERTIFICATION	C. Account Cod	n Balance	a. Financial Institution b. Purpose	c. A	Period Begin Balance	
a. Financial Institution Full I First b. Purpose Campaign CERTIFICATION I certify that the Committee	c. Account Code d. Period Begin \$ () ee or Fund is in complia	n Balance ance with all appl	a. Financial Institution b. Purpose cable provisions of Ar	c. A d. I \$ ticle 22A, 22B &	Period Begin Balance 22D-22M of Chapter 16	
a. Financial Institution Full I F, 15 d b. Purpose CERTIFICATION I certify that the Committee of the NC General Statute	c. Account Cood. Period Begins (n Balance ance with all appl commingled with	a. Financial Institution b. Purpose cable provisions of Ari prohibited or other no	c. A d. I \$ ticle 22A, 22B & n-disclosed funds	Period Begin Balance 22D-22M of Chapter 16	
a. Financial Institution Full I F, 75 b. Purpose CERTIFICATION I certify that the Committee of the NC General Statute report is complete, true and the second s	c. Account Cood. d. Period Begin \$ () ee or Fund is in compliance and that no funds are and correct and that I have	n Balance ance with all appl commingled with	a. Financial Institution b. Purpose cable provisions of Ari prohibited or other no	c. A d. I \$ ticle 22A, 22B & n-disclosed funds	Period Begin Balance 22D-22M of Chapter 16 I further certify that this	
a. Financial Institution Full I F, 75 b. Purpose CERTIFICATION I certify that the Committee of the NC General Statute report is complete, true and the second s	c. Account Cood. Period Begins () ee or Fund is in compliant and that no funds are constant.	n Balance ance with all appl commingled with	a. Financial Institution b. Purpose cable provisions of Ari prohibited or other no	c. A d. I \$ ticle 22A, 22B & n-disclosed funds	Period Begin Balance 22D-22M of Chapter 16	
a. Financial Institution Full In Fr. 1996 b. Purpose CERTIFICATION I certify that the Committe of the NC General Statute report is complete, true and the Committe of the NC General Statute report is complete.	c. Account Cood. d. Period Begin \$ ee or Fund is in compliates and that no funds are and correct and that I have considered.	n Balance ance with all appl commingled with the been trained by	a. Financial Institution b. Purpose cable provisions of Ari prohibited or other no	c. A d. I \$ ticle 22A, 22B & n-disclosed funds Elections.	Period Begin Balance 22D-22M of Chapter 16 I further certify that this	63 is
a. Financial Institution Full In Fig. 19 Sept. 1	c. Account Cood. d. Period Begin \$ ee or Fund is in compliates and that no funds are and correct and that I have considered.	n Balance ance with all appl commingled with the been trained by	a. Financial Institution b. Purpose icable provisions of Arr prohibited or other nor the NC state Board of	c. A d. I \$ ticle 22A, 22B & n-disclosed funds Elections.	Period Begin Balance 22D-22M of Chapter 16 I further certify that this	63 is
a. Financial Institution Full In Fig. 7.5 f. b. Purpose CERTIFICATION I certify that the Committee of the NC General Statute report is complete, true and the statute of the NC General Statute report is complete.	c. Account Cood. d. Period Begin \$ ee or Fund is in compliates and that no funds are and correct and that I have considered.	n Balance ance with all appl commingled with the been trained by	a. Financial Institution b. Purpose icable provisions of Arr prohibited or other nor the NC state Board of nature of Appointed Treas	c. A d. I \$ ticle 22A, 22B & n-disclosed funds Elections.	Period Begin Balance 22D-22M of Chapter 16 I further certify that this	i3 is
a. Financial Institution Full In Fig. 19 b. Purpose CERTIFICATION I certify that the Committe of the NC General Statute report is complete, true an Printed Nam FOR OFFICE USE ON	ee or Fund is in compliants and that no funds are and correct and that I have the of Signer	ance with all appl commingled with the been trained by Sign	b. Purpose icable provisions of Ariprohibited or other not the NC state Board of anature of Appointed Treas	c. A d. I \$ ticle 22A, 22B & n-disclosed funds Elections. Deliver No Reg	22D-22M of Chapter 16 . I further certify that this 2-3-23 Date y Method rmal Mail gistered Mail	633 is
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete to the Name of the NC General Statute report is complete.	ee or Fund is in compliants and that no funds are and correct and that I have the of Signer	n Balance ance with all appl commingled with the been trained by Sign	a. Financial Institution b. Purpose cable provisions of Arr prohibited or other not the NC state Board of nature of Appointed Treas	c. A d. I \$ ticle 22A, 22B & n-disclosed funds Elections. Deliver No Reg	Period Begin Balance 22D-22M of Chapter 16 I further certify that this 7-3-3 Date Ty Method Transit Mail	63 is
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete. Printed Name of the Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC General Statute report is complete, true and Printed Name of the NC Gene	ee or Fund is in compliants and that no funds are and correct and that I have the of Signer	ance with all applicommingled with the been trained by Sign	a. Financial Institution b. Purpose icable provisions of Arr prohibited or other nor the NC state Board of nature of Appointed Treas ree:	c. A d. I \$ ticle 22A, 22B & n-disclosed funds Elections. Deliver No Reg Hai	22D-22M of Chapter 16 . I further certify that this 2-3-23 Date Ty Method rmal Mail gistered Mail and Delivered ctronically Filed mer has not received	63 is
b. Purpose CERTIFICATION I certify that the Committe of the NC General Statute report is complete, true and Printed Name FOR OFFICE USE ON Date Received: Date Postmarked: Date Scanned: Date Data Entered:	c. Account Cood. d. Period Begin c. Account Cood. compliance of Fund is in compliance of Signer L.Y 2/3/23	n Balance ance with all applicommingled with the been trained by Sign Employ Employ Employ	a. Financial Institution b. Purpose icable provisions of Arr prohibited or other nor the NC state Board of nature of Appointed Treas ree: ee:	c. A d. I \$ ticle 22A, 22B & an-disclosed funds Elections. Deliver No Reg Hat Ele Sig	22D-22M of Chapter 16 . I further certify that this Date Ty Method rmal Mail gistered Mail and Delivered ctronically Filed oner has not received and atory training	i3 is
b. Purpose CERTIFICATION I certify that the Committe of the NC General Statute report is complete, true and Printed Nam FOR OFFICE USE ON Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This is a	c. Account Cood. d. Period Begin c. Account Cood. compliance of Fund is in compliance of Signer L.Y 2/3/23	ance with all appl commingled with the been trained by Employ Employ Employ Employ Employ to amend committed an of books	a. Financial Institution b. Purpose icable provisions of Arr prohibited or other nor the NC state Board of nature of Appointed Treas ree: ee: ee: ittee information such information, or acco	ticle 22A, 22B & n-disclosed funds Elections. Deliver No Regular Elections Signature Signature Signature Regular Elections Regular Elections Regular Elections Regular Elections Regular Elections Regular Re	22D-22M of Chapter 16 . I further certify that this 2-3-23 Date Ty Method rmal Mail gistered Mail and Delivered ctronically Filed mer has not received and atory training tee address, treasurer,	i3 is

Detailed	Summary
-----------------	----------------

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total 1. Committee Full Name (and Fund if applicable) 2. Type	monetary information e of Report	3. ID Number
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 884.88	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-12	205) \$	\$
6) Contributions from Individuals (CRO-12	210) \$ 0	\$ 3905,00
7) Contributions from Political Party Committees (CRO-12	220) \$	\$
8) Contributions from Other Political Committees (CRO-12	230) \$	\$
9) Loan Proceeds (CRO-14	410) \$	\$
10) Refunds/Reimbursements to the Committee (CRO-12	240) \$	\$
11) Other Receipt Sources	COMMON AND AND AND AND AND AND AND AND AND AN	
11a) Interest on Bank Accounts (CRO-12	250) \$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-12		\$
11c) Outside Sources of Income (CRO-12	C V 40 C	\$
11d) Legal Expense Fund - Other Sources (CRO-12	CX W/10044+999	\$
11e) Exempt Purchase Price Sales (CRO-12	NI POSPONE	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and I		\$ 3905,00
<u>EXPENDITURES</u>		
13) Disbursements	ne-Pi-Add	
13a) Operating Expenditures (CRO-13	(210) \$	\$ 2915.12
13b) Contributions to Candidates/Political Committees (CRO-13	\$ \$	\$
13c) Coordinated Party Expenditures (CRO-13.	\$ \$	\$
14) Aggregated Non-Media Expenditures (CRO-13.	(15) \$	\$
15) Loan Repayments (CRO-14.	(20) \$	\$
16) Refunds/Reimbursements from the Committee (CRO-13:	(20) \$	\$
17) In-Kind Contributions (CRO-15.		· ·
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and		\$ 105,00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line		\$ 884.88
ADDITIONAL INFORMATION		•
20) Non-Monetary Gifts Given to Other Committees (CRO-133	30) \$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-143	30) \$	
22) Debts and Obligations owed by the Committee (CRO-16)	10) \$	
23) Debts and Obligations owed to the Committee (CRO-162	20) \$	
24) Account Transfers Within the Committee (CRO-172	20) \$	
25) Administrative Support (CRO-17)	10) \$	\$
26) Forgiven Loans (CRO-144	40) \$	\$
27) 48-Hour Notice Reports Sum (CRO-2220	0) \$	\$
28) Contributions to be Refunded (CRO-121s	5) \$	\$