Disclosure Repor					Amendment Yes Yes
Use this form for general r	report and committee i	information,	must be signed and su	ıbmitted alon	ng with other detailed forms.
Do not use this form to up					
1. Committee Informatio a. Full Name	<i>n</i>			<u> </u>	<u> </u>
A	Commission	5R			c. ID Number
b. Mailing Address (include Ci					d. Date Filed
1746 Jim		n	···· ··- · · · · · · · · · · · · · ·		
Bu-lim TON A		,			e. Phone Number
2. Report Year 3. Period	Start Date (mm/dd/yy	4. Period	End Date (mm/dd/yy)	5. Treasure	r Full Name
04/	30 /2022	06/	70/2022	DAVID	LEE Simon bs. II
6. Type of Committee (Cl					rt from one category)
Candidate Campaign PAC		unicipal	State/County	i	Referendum
☐ Independent Expenditure	Referendum Joint Fundraiser	Organizationa Thirty-five da	i— -	ional	Organizational
Legal Expense Fund	_ John Fundraiser	Pre-primary	ay Quarterly First	Ī	Pre-referendum Final
- Logo April	lĒ.	Pre-election	Seco		Supplemental Final
7. Type of Fund (if appl	licable, check one)		Thire		Annual
Booster Fund		Semi-annual	☐ Four	th	Special
☐ Building Fund	Ι <u>Γ</u>	Mid Yea	ar Semi-annu	ual	<u></u>
<u> </u>	<u> </u>	Year En			10. Special Report Name
Other:	<u> </u>	Final	☐ Year	End	
8. Number of Fundraiser:	s this Report	Special	Final	İ	
			☐ Special		
11. Account Information			11. Account Inform		
a. Financial Institution Full Na	4		a. Financial Institution	Full Name	
AMERICANNA	TranAC BANK 97	Dost			
b. Purpose	c. Account Code	-	b. Purpose		c. Account Code
CHAPHIN	R2				
Chicking	* *		1	1	
	d. Period Begin B		į		d. Period Begin Balance
	\$ 1729	97		1	\$
CERTIFICATION			<u> </u>		
I certify that the Committee	or Fund is in complianc	e with all appl	icable provisions of Art	ticle 22A, 22B	& 22D-22M of Chapter 163
of the NC General Statutes a	and that no funds are cor	mmingled with	n prohibited or other nor	n-disclosed fur	nds. I further certify that this
report is complete, true and	correct and that I have b	een trained by	the NC State Board of	Elections.	
Plate All A	Lell	11/	1 RHALL	-//	· • 44 0 m * 7 7
VATORITALIANO	700 X	Tuen	the way	<u>K</u>	07-11-2022
Printed Name of	Ç/	Sign	nature of Appointed Treas	urer	Date
FOR OFFICE USE ONL				75.11	= = 4
Date Received:	7-11-22	Employ	yee: <u> </u>		very Method
			•		Normal Mail Registered Mail
Date Postmarked:		Employ	yee:		Hand Delivered
Date Scanned:	7-11-22	Employ	vee: TT		Electronically Filed

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.

Employee:

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Date Data Entered:

Signer has not received mandatory training

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☐ Yes ₩ No

1. Committee Full Name (and Fund if applicable) 3. ID Number 2. Type of Report Kledy 2Nd Quter For Commissioner Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start \$ 1724. RECEIPTS (CRO-1205) | \$ 5) Aggregated Contributions from Individuals 100,06 6) Contributions from Individuals (CRO-1210) 7) Contributions from Political Party Committees (CRO-1220) 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ 11e) Exempt Purchase Price Sales (CRO-1265) 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 00,00 5705,00 <u>EXPENDITURES</u> 13) Disbursements (CRO-1310) 13a) Operating Expenditures O 3077503 13b) Contributions to Candidates/Political Committees (CRO-1310) 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ (CRO-1315) 14) Aggregated Non-Media Expenditures \$ \$ 15) Loan Repayments (CRO-1420) 16) Refunds/Reimbursements from the Committee \$ \$ (CRO-1320)17) In-Kind Contributions (CRO-1510) 05.00 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) D.00 3775.03 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 824.9 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) 25) Administrative Support (CRO-1710) \$ 26) Forgiven Loans (CRO-1440) \$ 27) 48-Hour Notice Reports Sum \$ (CRO-2220) 28) Contributions to be Refunded \$ (CRO-1215)

	ributions f	Amendment Ves 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								
Rudy For Commissioner								
	tributor Inform			Add Remove		L C		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments			
SHAWN FRANCIS			c. Employer's Name/Specific Field					
SHAWN FRANCIS 4578 FREDOM DRIVE			c. Employer's Na	me/Specific Field				
Burlinston Me 27215			I CHT		e. Election Sum to Date			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					\$ 100,0D			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy) k. Amount		
	RI	Check			06/06/200	100.00		
						\$		
						\$		
3. Cont	ributor Informa	ition		Add Ren	nove			
•	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. Comments		
(includ	le city, state, & zip)							
				c. Employer's Name/Specific Field				
						Plus de la Disconsidera		
:						e. Election Sum to Date		
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy			
						\$		
						\$		
						\$		
	ributor Informa				nove			
	ame, Mailing Addre e city, state, & zip)	ss & Phone	-	b. Job Title/Profes	sion	d. Comments		
(Haciuu	e city, state, & zip)							
			c. Employer's Name/Specific Field					
						e. Election Sum to Date		
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount		
						\$		
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						\$		
4. Total only this Page \$ 100.06								
		O-1210 Pages		the state of the		\$ 100.00 \$ 100.00		
(2105 the mast be on the v of Detailed Jamenday Lage CRO-1100)								
CKU-12	10		NC State Boar	u of Elections		April 2007		