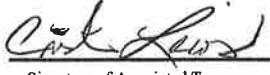


Disclosure Report Cover

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 Holly Grimsley			CAB-WI4L3J-C-001	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
680 Miramar Street NE Concord, NC 28025			01/08/2019	
			e. Phone Number	
			704-577-4831	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2018	10/21/2018	12/31/2018	Cristi Lewis	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign Party <input type="checkbox"/> PAC Referendum <input type="checkbox"/> Independent Expenditure Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Municipal Organizational <input type="checkbox"/> State/County Organizational <input type="checkbox"/> Referendum Organizational <input type="checkbox"/> Thirty-five day Quarterly <input type="checkbox"/> Pre-primary First <input type="checkbox"/> Pre-election Second <input type="checkbox"/> Pre-runoff Third <input type="checkbox"/> Semi-annual Fourth <input type="checkbox"/> Mid Year Semi-annual <input type="checkbox"/> Year End Mid Year <input type="checkbox"/> Final Year End <input type="checkbox"/> Special Final <input type="checkbox"/> Special Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund Other:				
8. Number of Fundraisers this Report				
0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Uwharrie Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Candidate Campaign	1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 385.41		\$	
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 of Elections.				
Cristi Lewis				01/08/2019
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	Employee:	Delivery Method		
1/9/19 smg		Normal Mail		
Date Postmarked:	Employee:	Registered Mail		
		<input checked="" type="checkbox"/> Hand Delivered		
Date Scanned:	Employee:	<input checked="" type="checkbox"/> Electronically Filed		
1/9/19 smg		Signer has not received mandatory training		
Date Data Entered:	Employee:			
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.				

CABARRUS COUNTY
BOARD OF ELECTIONS

JAN 9 2018

RECEIVED

Detailed Summary

Amendment	
Yes	No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number	
Committee to Elect Holly Grimsley			CAB-W14L3J-C-001	
Start of Election Cycle: January 1, <u>2018</u>			Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 385.41	\$ 0
RECEIPTS				
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6)	Contributions from Individuals	(CRO-1210)	\$ 100.00	\$ 2,000.00
7)	Contributions from Political Party Committees	(CRO-1220)	\$	\$
8)	Contributions from Other Political Committees	(CRO-1230)	\$	\$
9)	Loan Proceeds	(CRO-1410)	\$	\$ 973.70
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)	\$	\$
11 e)	Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$	\$
EXPENDITURES				
13)	Disbursements			
13a)	Operating Expenditures	(CRO-1310)	\$ 306.53	\$ 2,794.82
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c)	Coordinated Party Expenditures	(CRO-1310)	\$	\$
14)	Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15)	Loan Repayments	(CRO-1420)	\$	\$
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17)	In-Kind Contributions	(CRO-1510)	\$	\$
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	\$
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 178.88	\$ 178.88
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)	\$	\$

Contributions from Individuals

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 Holly Grimsley				CAB-WI4L3J-C-001	
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jennifer Hurlocker 6617 Mt Olive Rd Concord, NC 28026		Retired			
		c. Employer's Name/Specific Field			
				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
	1	Check		11/05/2018	\$ 100.00
					\$
					\$
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
					\$
					\$
					\$
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
					\$
					\$
					\$
4. Total only this Page				\$ 250.00	
5. Total of ALL CRO-1210 Pages				\$ 250.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Disbursements

Amendment

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 Holly Grimsley					CAB-WI4L3J-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
Operating Expenses		Contributions to Candidates/Political Committees		Coordinated Party Expenditures		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
KS Image Solutions 680 Miramar St Concord, NC 28025						
			c. Level Registered (Specify)			
			Federal	County:		
			State		e. Election Sum to Date	
					\$ 206.53	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	10/10/2018	\$206.53	Campaign Signs	
				\$		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Cabarrus GOP						
			c. Level Registered (Specify)			
			Federal	County:		
			State		e. Election Sum to Date	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/1/2018	\$100.00		
				\$		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			Federal	County:		
			State		e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$	
6. Total of ALL CRO-1310 Pages					\$ 973.70	
<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)						