Disclosure	Report Cover				Amendment  Yes No
		tee information, n	nust be signed	and submitted a	long with other detailed forms.
Do not use this f	form to update information.				
1. Committee In	nformation		Water Street		
a. Full Name					c. ID Number
Committe	tee to Re-Elect (include City, State and Zip Cod	Lynn St.	ne		
b. Mailing Address	(include City, State and Zip Cod	le)		ILIS COUNT	d. Date Filed
6036 Vi	Lage Dr. NW d, NC		CABARI	OF ELECTIO	5-4-2022
Concor	d NC		BOHILL	4 6022	e. Phone Number
Control	28027			1 0 4 2022	980 - 680 - 4455
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period I	End Date (mm.	dd/yy) 5. Treas	urer Full Name
2022	01/01/2022	05/0	1/2022	RECE Come	lia S. Ken
6. Type of Com	mittee (Check One)	9. Type of Rep	ort (check of	aly one type of r	eport from one category)
Candidate Can		Municipal		County	Referendum
☐ PAC	Referendum	Organizationa		rganizational	Organizational
Independent Ex	kpenditure 🔲 Joint Fundraiser	Thirty-five da	y   _ C	uarterly	Pre-referendum
Legal Expense	Fund	Pre-primary		First	Final
		Pre-election		Second	Supplemental Final
7. Type of Fund	(if applicable, check one)	Pre-runoff		Third	Annual
Booster Fund		Semi-annual		Fourth	Special Special
Building Fund		Mid Yea	· I—	emi-annual	
		Year End	'  닏	Mid Year	10. Special Report Name
Other:	The state of the s	Final	ᄖ	Year End	
8. Number of F	undraisers this Report	Special Special		inal	
	3		∟ s	pecial	
11. Account Inf	ormation		11. Account	Information	and the second of
a. Financial Institu	tion Full Name		a. Financial Ins	titution Full Name	
Thurban	rie Bom/C				

## CERTIFICATION

Checking

. Purpose

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.

b. Purpose

c. Account Code

0001 d. Period Begin Balance

\$ 6732,89

Cornelia S. Kerr Printed Name of Signer	Cornelia S. Kerr Signature of Appointed Treasurer	5/4/2022 Date
FOR OFFICE USE ONLY		
Date Received: 5/4/22	Employee:	Delivery Method  Normal Mail
Date Postmarked:	Employee:	Registered Mail  Hand Delivered
Date Scanned:	Employee:	Electronically Filed
Date Data Entered:	Employee:	<ul> <li>Signer has not received mandatory training</li> </ul>
Diana Matara mit c	1 20 2 6 2 1 4	1.1

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.

c. Account Code

d. Period Begin Balance

Amendment ☐ Yes ☐ No

Detailed Summary se this form to summarize all disclosure reporting forms and to	o total mone	tary information	Yes L No
se this form to summarize all disclosure reporting forms and to Committee Full Name (and Fund if applicable)	. Type of R	eport 3.	. ID Number
	IST .	Quarter	
Committee to Re-Elect Lyan Shue   Start of Election Cycle: January 1, 2021		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 6732,89	\$ 0
RECEIPTS			
		\$	\$
The second secon	(CRO-1210)	\$ 2180.00	\$ 11,480,00
The state of the s	(CRO-1220)	\$	\$
	(CRO-1230)	\$	\$
	(CRO-1410)	\$	\$
	(CRO-1240)	\$	\$
1) Other Receipt Sources			
VTW	(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)	\$ 2180,00	11,480,0
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1862,87	\$ 4,429.9
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, 1	5, 16 and 17)	\$ 1862. 87	\$ 4,429,9
19) Cash on Hand at End (Add lines 4 and 12 together, then su			\$ 7050,02
ADDITIONAL INFORMATION			Consultation (Colored
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)	\$	\$

Use this f	form to report indi-	vidual contributions o	ver \$50	or contributions unde	r \$50 if form CR	O 1205 is no	t usea
1. Committee Full Name (and Fund if applicable)					2. ID Number		
Con	mittee to 1	Re-elect Ly	, ממו	Shee			
3. Contri	butor Informatio	n	$\boxtimes$	Add Rem	iove		
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments	S
(include	city, state, & zip)			Retired			
David ME Donald				c. Employer's Name/Spe	ecific Field		
830 Walker Rd.						e. Election St	um to Date
n	nt Pleasan	it, NC 28124-95					30,00
		28124-95	97			\$ ~	30,
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		k. Amount
	1	check			02/23)	2022	\$ 30,00
							\$
			1				\$
3. Contri	ibutor Informatio	)D	$\boxtimes$	Add Rem	iove		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S
(include	city, state, & zip)			Developer			
1						1	
لاك ا	m Furr 615 Shorevi			c. Employer's Name/Spo			
				Furr Gra	ding	e. Election S	um to Date
Co	meend, NC	28025			J		
1.55						\$ ~	- 200,00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
	1	Check			03/08/2	022	\$ 200,00
							\$
				724			\$
3. Contr	ibutor Informatio	on .	Ø	Add Ren	nove		
	ne, Mailing Address &		-	b. Job Title/Profession		d. Comment	S
(include	city, state, & zip)			Retire	l		
- 2				10000			
m	ichael Cri	sco		c. Employer's Name/Spe		1	
m 40	ichael Cri	isco Rd.		c. Employer's Name/Spe		e, Election S	um to Date
1 40 Co	ichael Cru 60 Wingard Meard, NC	inco Rd . 28025 - 4129	ξ.	c. Employer's Name/Spe		e. Election S	
M 40 Co	ichael Cru 60 Wingard Mcord, NC	inco , Rd . 28025 - 9125	7		ecific Field	\$	500,00
f. Prior	chall Crubo Wingard Theord, NC  g. Account Code	DCO Rd. 28025 - 9125 h. Form of Payment	7	c. Employer's Name/Spi	j. Date (mm/dd/yy	(XX)	500,00 k. Amount
			7		ecific Field	(XX)	500,00
		h. Form of Payment	7		j. Date (mm/dd/yy	(XX)	500,00 k. Amount
		h. Form of Payment	7		j. Date (mm/dd/yy	\$ ~~ (799) 2022	\$ 500,00 k. Amount \$ 500,00 \$
f. Prior	g. Account Code	h. Form of Payment  Check	7		j. Date (mm/dd/yy	(XX)	500,00 k. Amount \$ 500,00
f. Prior	g. Account Code	h. Form of Payment  Check	i. In-i	Kind Description	j. Date (mm/dd/yy	\$ ~~ (799) 2022	\$ 500,00 k. Amount \$ 500,00 \$

**Contributions from Individuals** 

Amendment

Contri	butions fron	n Individuals		••		Pg	2 of	<u>3</u>	Yes No
		vidual contributions o		or contrib	outions	unaei	530 II IOIIII CR	2. ID Num	her
		and Fund if applicat						2. LD IValii	bei
Con	imittee to 1	Re-Elect Lyp							
3. Contri	butor Informatio	n	Ø	Add		Rem	ove	1.0	
a. Full Nam	e, Mailing Address &	2 Phone		b. Job Titl	le/Profes	sion		d. Comments	3
(include	city, state, & zip)			Pos	tvi	d			
Way	Wayne Dabbs 5,4 Wellborne Ct. NW Concerd, NC 28025			c. Employ			cific Field	1	
514 Wellborne Ct. NW								701 (16)	t- Doto
Co	ncord, NC	28025						e. Election Su	~ ^ ^
								\$ ~	_ 50, 00
f, Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion		j. Date (mm/dd/yy		k. Amount
	1	check					04/27/	2022	\$ - 50,00
									\$
									\$
3. Contri	butor Informatio	n	X	Add		Rem	ove		
	ıc, Mailing Address &			b. Job Tit	le/Profes	sion		d. Comments	
(include	city, state, & zip)			Retired			<u>ل</u>		
an	ita Brown	v _		c. Employer's Name/Specific Field			cific Field	1	
12	20 Dreens	ide Dr. NW						a Floation S	um to Date
	moond, N			e. Election Sum to Date			00		
	mana,	28027						\$ _	$ \omega$
f. Prior	g. Account Code	h. Form of Payment	i, In-k	and Descrip	tion		j. Date (mm/dd/y)	/yy)	k. Amount
	Į.	check					04/28/.	2022	\$-100,66
									\$
					182				\$
3. Contri	butor Informatio	on .		Add		Rem	ove		
	ne, Mailing Address &			b. Job Tit	le/Profes	sion		d. Comment	S
(include	city, state, & zip)			R	etvr	ed			
SI	hannon Le	der		c. Employ					
8	05 Ms Gre	der gor In. NE IC 28025						e. Election S	um to Date
(	loncond, n	PC 28025						\$ ~	-100,00
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Descrip	otion		j. Date (mm/dd/y	yyy)	k. Amount
	1	Check					04/28/2	2022	\$ 100,00
									\$
									\$
4. Tota	only this Pag	e						\$	250,00
	of ALL CRO		no 110	21				\$	

Amendment

Use this f	orm to report indi-	vidual contributions o	ver \$50	or contributions unde	r \$50 if form CRC	) 1205 is not	used	
1. Committee Full Name (and Fund if applicable)						2. ID Number		
Con	emitte to k	Pe-Elect Lyn	u Sh	ш				
	butor Informatio			Add Rem	ove			
a. Full Nam	e, Mailing Address &	2 Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)			Retired				
90	OC ME Kenzie Po Box 5248			c. Employer's Name/Spe	ecific Field			
						e. Election Su	ım to Date	
Co	meand, NC	28027				s 2	200,00	
f, Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	check			04/29/	2022	\$ -200,00	
							\$	
							\$	
3. Contri	butor Informatio	n	M	Add Rem	iove			
	ıc, Mailing Address &			b. Job Title/Profession		d. Comments		
(include	city, state, & zip)			Levelope				
Lm 1	. 1	1: 001:1-				<u> </u>		
, ,		din Idliki		c. Employer's Name/Spe				
POF	30x 936			BMO Prop	perties	e. Election Sum to Date		
Ha	rusburg, N	c 28075-09	2/			9 10	00.00	
	O	28073 - 07	ص)ت			\$ 1,0		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	check			04/28/2	022	\$ 1,000,00	
							\$	
				80			\$	
3. Contri	butor Informatio	n		Add 🗌 Ren	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)							
				c. Employer's Name/Spe	ecific Field			
						e. Election St	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	8						\$	
							\$	
							\$	
4. Tota	l only this Pag	e		A Suis		\$	2180,00	
5. Tota	of ALL CRO	-1210 Pages				\$	2180.00	
		Datailed Community Page		441		-	0-10-1	

**Contributions from Individuals** 

				_	Amen	dment		
Disbursements	Pg		of	<u>2</u>		Yes	$\boxtimes$	No
Use this form to report expenditures from the committee for; operating	expenses	, contribut	ions to	candida	te/politi	cal		
committees and coordinated party expenditures.								
					A TTO B	т в		

	coordinated party ex				2. ID Number			
	1. Committee 1 an 1 and 2 approved							
	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
3. Type of Disb			ndidates/Political Committees		ordinated Party Expenditures			
Operating E				Remove	remitted 1 dry Expenditures			
4. Payee Inform		$\boxtimes$	Add L. Coordinated Committee Na		d. Comments			
	ng Address & Phone				di Commento			
(include city, state,			Committee to Re- E	Street	24 2			
Kristin 1	novison		c. Level Registered (Specify)		•			
112 NOIH	aution Ct.		Federal F	County:	1			
momens	gation Ct. ville, NC 281	77	State	Municipality:	e. Election Sum to Date			
11/00000	201		State	within cipanty.				
			T.		\$ 111,00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
I. Account Code								
/	check	0	03/21/2022	\$ 111.00	design work for front of flyer			
				\$	, ,			
4. Payee Inform	l	X	Add	Remove				
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments			
(include city, state,	_		Nomenittee to Re-	Elect				
	Wic Relation	n	Committee to Re-	ue				
3100 00	ywn Ct.		c. Level Registered (Specify)					
1 3109 ac	ta NC		Federal 🔯	County:				
Chartei	te, NC 2826	9	State	Municipality:	e. Election Sum to Date			
					\$ 500,00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1. Account Code	g. Form of Layment	`			design and printing of early voting flyers			
1	Check	0	04/05/2020	\$ 500.00	early voting flyers			
				\$				
4. Payee Inform	l Lation		Add	Remove				
-	ng Address & Phone		b. Coordinated Committee Na	d. Comments				
(include city, state,			1	Last Lines				
			Committee to Re-E					
Sign	asters Depot St. e, NC. 28112		c. Level Registered (Specify)					
314-B	Depot St.	16	Federal 🔀					
mmra	e NC.		State	Municipality:	e. Election Sum to Date			
, ,,,,,,	28112				\$ 1123.50			
f. Account Code	a Four of Dovmont	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1. Account Code	g. Form of Payment		70					
)	Check	$\mathcal{B}$	04/18/2022	\$ 1/23,50	Printing & design of outdoor signs for election			
				\$				
5. Total only th	s Page				\$ 1734,50			
	CRO-1310 Pages							
		nmary Page CRO-110	0 if Operating Expenses)		r.			
			00 if Contrib to Candidates/Politic	al Comm)	\$			
			0 if Coordinated Party Expenditu					
	es (List detailed ex							
A* - Media	B* - Printing	C* - Fun	draising	D - To Anoth				
E - Salaries	F* - Equipment	G - Politi			Public Office Expenses			
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	n to Legal Expense Fund			
O* - Other	e detailed explanat	ion in required r	emarks field (k)					

Yes Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number	
Connit	tu vo Re-Elect	Lyon Shue				
3. Type of Disb	ursement (Plea	se use separate C	RO-1310 forms for each			
Operating B	xpenses	Contributions to Car	ndidates/Political Committees	Co	ordinated Party Expenditures	
4. Payee Inform	ation	$\boxtimes$	Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee I	Vame	d. Comments	
(include city, state,	5%		Committee to Re- en	lect Lynn		
K5 Im	nage Solution, 5248, Str. I d, NC	2	c. Level Registered (Specify)			
PO Box	5248, Ste. 1	3	Federal 🔀	County:		
Concor	d, NC		State	Municipality:	e. Election Sum to Date	
	2802	7			\$ 128. <sup>37</sup>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
,	checic	0	04/28/2022	\$ 128,37	Purchased aprono with name of Cand, to be worn on voting day by polls	
				\$		
4. Payee Inform	ation		Add	Remove		
	ng Address & Phone		b. Coordinated Committee I		d. Comments	
(include city, state,	8					
(mercus eroj j santo,	р/					
			c. Level Registered (Specify)	)		
			Federal	County:		
1			State	Municipality:	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	
				\$		
				\$		
				\$		
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee !	Name	d. Comments	
(include city, state,	& zip)					
			c. Level Registered (Specify)	)		
1			Federal	County:		
			State	Municipality:	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 th	s Page		у.		\$ 128.37	
	CRO-1310 Pages					
		ımary Page CRO-110	0 if Operating Expenses)		\$ 15/2 87	
	(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  \$ 1862.					
			0 if Coordinated Party Expendi			
	es (List detailed ex					
A* - Media	B* - Printing	C* - Fund	draising	<b>D</b> - To Anoth		
E - Salaries	F* - Equipment				Public Office Expenses	
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund	
O* - Other	a datailed avelent	ion in magnitud	omarke field (k)			
* Codes require detailed explanation in required remarks field (k)						

X

		1	Amendme	
In-Kind Contributions	Pg	of		No No
Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refun	ded within 7 day	S.	CC OI Tuno.	
1. Committee Full Name (and Fund if applicable)			2. ID Numbe	er //
Committee to Re-Elect Lynn Shue				
3. Contributor Information	Add Ren			7,21 HS 15 - 1
a. Full Name, Mailing Address & Phone	b. Type of Contrib Individual	utor	c. Comments	
(include city, state, & zip)	Candidate	-		
Dr. allen Dobson	Party			
1600 5. Main Street	PAC			
mt. Pleasant, NC 28124	Referendum Other Reseipt		d. Election Sun	
,	Other Receipt	Source	\$ 320	1,00
e. Description		f. Date (mm/dd/yyy	y) g. Fair Ma	arket Amount
Reception for candidates		4-6-20	22 \$ *	
			\$	
¥			\$ 32	10,00
3. Contributor Information		nove	Me Plancy 1	West 1
a. Full Name, Mailing Address & Phone	b. Type of Contrib	utor	c. Comments	
(include city, state, & zip)	Individual Candidate			
Chad Little	Party			
759 Concord Parkway #20 Concord, NC 28027	PAC			
Concord, NC 28027	Referendum		d. Election Sun	
	Other Receipt	Source	\$ 650	
e. Description		f. Date (mm/dd/yyy	y) g. Fair Ma	arket Amount
Reception for Camielates for Country	Commission	4-14-20	22 \$	
			\$	
			\$ 65	50,00
		nove		E. W. E.
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Comments	
(include city, state, & zip)	Candidate		1	
Steve morris and friends	Party			
49 Deorgia ave	PAC			
	Referendum Other Receipt	Cource	d. Election Sur	
Concord, NC 28025	Cities Receipt	Source	\$ 320	, 00
e. Description		f. Date (mm/dd/yyy	yy) g. Fair Ma	arket Amount
Meeting of those who wanted to hear from platforms of carriedates for Con	r itens	4-25-20	22 \$ -	
from platforms of carridates for Con	emissioner.		\$	
				20.00
4. Total only this Page		MERCHANIST.	\$ 12	90. 60
5. Total of ALL CRO-1510 Pages			\$	
(This line word he on line 17 of Datailed Summary Page CPO:1100)			1	