

Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Allan Cauble			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
1644 Eastwood Drive Kannapolis, NC 28083		05/09/2022	
		e. Phone Number	
		704-791-6117	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	03/05/2022	04/30/2022	Allan J. Cauble
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Wells Fargo Credit Card		N/A	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Transaction	N/A		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$ 0
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.			
Allan J. Cauble		05/09/2022	
Printed Name of Signer		Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received:	5/11/22	Employee:	80
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received 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.			

Disbursements

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 Allan Cauble					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) VistaPrint 275 Wyman St Waltham, Ma 02451 866-207-4955		b. Coordinated Committee Name 		d. Comments 	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Credit card	B	03/16/2022	\$103.78	Campaign cards
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Willie B. Moore Sign Co 2305 South Main St Kannapolis, NC 28081 704-938-6406		b. Coordinated Committee Name 		d. Comments 	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Credit Card	B	03/29/2022	\$594.92	Yard Signs
	Credit Card	B	04/19/2022	\$465.45	Yard Signs
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name 		d. Comments 	
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					\$ 1164.15
6. Total of ALL CRO-1310 Pages					\$ 1164.15
<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 E - Salaries I - Postage O* - Other		B* - Printing F* - Equipment J - Penalties		C* - Fundraising G - Political Party K* - Office Expenses	
D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund					
* Codes require detailed explanation in required remarks field (k)					

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 Allan J. Cauble		Organizational Report			
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>		\$ 0		\$ 0	
6) Contributions from Individuals <i>(CRO-1210)</i>		\$ 0		\$ 0	
7) Contributions from Political Party Committees <i>(CRO-1220)</i>		\$ 0		\$ 0	
8) Contributions from Other Political Committees <i>(CRO-1230)</i>		\$ 0		\$ 0	
9) Loan Proceeds <i>(CRO-1410)</i>		\$ 0		\$ 0	
10) Refunds/Reimbursements To the Committee <i>(CRO-1240)</i>		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts <i>(CRO-1250)</i>		\$ 0		\$ 0	
11b) Contributions from Not-for-Profit Organizations <i>(CRO-1250)</i>		\$ 0		\$ 0	
11c) Outside Sources of Income <i>(CRO-1250)</i>		\$ 0		\$ 0	
11d) Legal Expense Fund – Other Sources <i>(CRO-1270)</i>		\$ 0		\$ 0	
11 e) Exempt Purchase Price Sales <i>(CRO-1265)</i>		\$ 0		\$ 0	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 0		\$ 0	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures <i>(CRO-1310)</i>		\$ 1164.15		\$ 1164.15	
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>		\$ 0		\$ 0	
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>		\$ 0		\$ 0	
15) Loan Repayments <i>(CRO-1420)</i>		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee <i>(CRO-1320)</i>		\$ 0		\$ 0	
17) In-Kind Contributions <i>(CRO-1510)</i>		\$ 0		\$ 0	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 1164.15		\$ 1164.15	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 0		\$ 0	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>		\$ 0			
22) Debts and Obligations owed By the Committee <i>(CRO-1610)</i>		\$ 0			
23) Debts and Obligations owed To the Committee <i>(CRO-1620)</i>		\$ 0			
24) Account Transfers Within the Committee <i>(CRO-1720)</i>		\$ 0			
25) Administrative Support <i>(CRO-1710)</i>		\$ 0		\$ 0	
26) Forgiven Loans <i>(CRO-1440)</i>		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>		\$ 0		\$ 0	
28) Contributions to be Refunded <i>(CRO-1215)</i>		\$ 0		\$ 0	

48-Hour Notice

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution.
 The 48-Hour reporting period begins the day after the last day of the 1st Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election.
 All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.
 This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name <i>Committee to Re-elect Lynn Shue</i>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>6036 Village Drive NW Concord, NC 28027</i>		d. Report Date <i>5/12/22</i>	
		e. Phone Number <i>980-680-4455</i>	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <i>Christopher Loukos PO Box 12661 Charlotte, NC 28220</i>		a. Full Name, Mailing Address & Phone (include city, state, and zip) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Type of Contributor <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____	
b1. Type of Committee <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession <i>General Contractor</i>	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field <i>Genesis Construction Comp.</i>	c. Form of Payment <i>check</i>	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) <i>05/11/2022</i>	f. Amount <i>\$ 1500</i>	d. Date (mm/dd/yyyy)	f. Amount <i>\$</i>
e. Account Code <i>0001</i>	g. Election Sum to Date <i>\$ 1500</i>	e. Account Code	g. Election Sum to Date <i>\$</i>
3. Total Contributions THIS Page (sum all the 'f' entries on this page)		<i>\$ 1500.00</i>	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		<i>\$ 1</i>	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all 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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
<i>CORNELIA S. KERR</i> Printed Name of Signer		<i>Cornelia S. Kerr</i> Signature of Appointed Treasurer	
		<i>5/12/2022</i> Date	

RECEIVED
MAY 12 2022
CABARRUS COUNTY
BOARD OF ELECTIONS