Disclosure	Report	Cover
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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 In	nformation					
a. Full Name						c. ID Number
Com	mittee t	o Re-ele	ct Lyn	e Shue		
b. Mailing Address	(include City, Sta	te and Zip Code)	0			d. Date Filed
603	2/17/23					
10	ncond, 1	VC 280	27			e. Phone Number
						980-680-4455
2. Report Year	3. Period Start	t Date (mm/dd/yy)	4. Period End	l Date (mm/dd/yy)	5. Treasure	er Full Name
2022	10-23-2	2022	12-31-	2022	Corne	lia S. Kerr
6. Type of Com				THE RESIDENCE OF THE PROPERTY	type of repo	ort from one category)
Candidate Cam			ınicipal	State/County		Referendum
PAC		ferendum	Organizational	Organizat	ional	Organizational
Independent Ex			Thirty-five day	Quarterly		Pre-referendum
Legal Expense	Fund		Pre-primary	First		Final
7 Tune of Franci	(if ===1;==b1=	-t -t)		Seco		Supplemental Final
7. Type of Fund Booster Fund	(if applicable,	. check one)	Pre-runoff Semi-annual	Third Four		Annual Special
Building Fund			Mid Year	Four Semi-anni		Special
Building I and		I⊨	Year End	_	Year	10. Special Report Name
Other:		li:	Final	Year		10. Special Report Palife
8. Number of F	undraisers this	Report		Final		
				Special		
11. Account Inf	ormation		111	. Account Inform	nation	
a. Financial Institut				Financial Institution		
	rie Bar	r		CABARRUS		v
	ue sus			HILLIADD OF		
b. Purpose		c. Account Code	b. 1	Purpose RD OF E	ELCITO	& Account Code
	4	0001		FEB 1 7	7 2022	
Checking	account	1 D 1 1 D 1 D	•	1 20 - 1		10 10 10
0		d. Period Begin B		DECEM		d. Period Begin Balance
		\$ 6277	, 41	RECEI	NED	\$
CERTIFICATI	ON	to a real control of				
I certify that the	Committee or Fu	nd is in compliance	e with all applical	ble provisions of Ar	ticle 22A, 22	B & 22D-22M of Chapter 163
						unds. I further certify that this
report is complet	te, true and correct	ct and that I have b	een trained by the	e NC State Board of	Elections.	
	, ,		Δ	4 1)		1 / 1
Cornel		err	Cornelis	US. Ken	-	2/17/23
	rinted Name of Sign	ner	Signatu	are of Appointed Treas	surer	Date
FOR OFFICE U	USE ONLY	0 17 19		11006		
Date Receive	ed.	2-17-23	Employee	. WAN	De	livery Method
Bute Receive	.u		Employee		- 🛚	Normal Mail
Date Postma	rked:		Employee			Registered Mail
			1 , , ,			Hand Delivered
Date Scanne	d:		Employee	: 1	_	Electronically Filed
Date Data Ei	ntered:		Employee			Signer has not received
						mandatory training
Please Not						nmittee address, treasurer,
in the same of the				formation, or acco		
Y	ou must amend	the Statement of	Organization (C	CRO-2100A-E) to	make comn	nittee changes.

Amendment **Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information □ No Yes

Use this form to summarize all disclosure reporting forms an 1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
Committee to Re-Elect Jupan Shue Start of Election Cycle: January 1, 2023) 7'-	Total this	Total this
	<u>L</u>		
4) Cash on Hand at Start		\$ 6277.41	\$ -
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$.
6) Contributions from Individuals	(CRO-1210)	\$ 100.00	\$ 14,895 \$ 1,200
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 1.,200
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 Organization	s (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	S
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	S
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$ -
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	c,11d and 11e)	\$ 100.00	\$ 16,095
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 558.00	\$ 8985.50
13b) Contributions to Candidates/Political Committee	s (CRO-1310)	\$ 558.00	\$ 1000,00
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)	\$	S
17) In-Kind Contributions	(CRO-1510)	\$	\$ 1290,00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 1558,00	
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ubtract line 18)	\$ 4819.41	\$, 4819,41
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)	\$	\$

Cont	ributions f	rom Individua	als		Pg		Amendment Yes No
Use this	s form to report i	ndividual contribution	ons over \$50 or c	ontribution	ns under \$50 if form C	RO 1	1205 is not used
		ne (and Fund if app				2. 1	ID Number
the Real Property lies, the Re		to Re-Elec	t Lynn St	ше			
3. Cont	tributor Inform	ation			Remove		
00 F S 1980	ame, Mailing Addr			b. Job Title	e/Profession	d. C	Comments
(includ	de city, state, & zip)			Ro	tired		
70	avid Ph	illess				4	
5	07 New	Cantle		c. Employe	er's Name/Specific Field		
1	mand	illips Castle NC 280:		0.	tired	o F	lection Sum to Date
	01100.00,	280:	27	1 /ce	roun		
						\$	100,00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yyy)	k. Amount
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	0001	ORUN			10/27/2	2,	3 1001
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3 Cont	ributor Inform	ation		Add	7 Remove		
and the second	ame, Mailing Addr				e/Profession	ld. C	Comments
	le city, state, & zip)			0. 300 1111	or rotession	10.0	omments
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
				c. Employe	er's Name/Specific Field		
						e. E	lection Sum to Date
						S	
6 D.:	L 1 (C-1	l E	li t. Vi. ID.	4,	P. D. 4. (/33/		k. Amount
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	(yy)	K. Amount
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	ributor Informa			Add	Remove		
	ame, Mailing Addre			b. Job Title	e/Profession	d. C	Comments
(includ	le city, state, & zip)						
				a Employe	er's Name/Specific Field		
				c. Employe	s Name/Specific Field	03	
						e. E	lection Sum to Date
						10000	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
							\$
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							s
4 Tota	al only this P	20e				S	
		RO-1210 Pages				9	
NA IUL		A PELATUT APEN				Φ.	

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Disbursen	ients			Pg		_/ of	2	Yes No
			tee	for; operating expense	es, o	contributions to	candid	ate/political
	d coordinated party e							
	Full Name (and Fur							2. ID Number
	to Redect o			0.1210.6		cn		
3. Type of Dist		-344		0-1310 forms for each	i ty			ID D
Operating				dates/Political Committees	7		ordinate	d Party Expenditures
4. Payee Inform		\square	_	Add	<u></u>	Remove	1.0-	
	ling Address & Phone		-	o. Coordinated Committee	· IVal	me	-	mments
(include city, state	*		+				Pu	t out signs) trieved them after ction.
Patti Sh	ull			. Level Registered (Specify	iv)		Ker	thing.
4855 7	Howe Store R	2d	T	Federal P	}	County:	Jell	and the same of th
10300		22 500	1	State	1	Municipality:	e. Ele	ection Sum to Date
Concora	I, NC 28	023	-		1		1	
							\$ 3	500,00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Re	quired Remarks
0001	check	0		11/12/2022		\$ 500.00	Put	out & retrieved -
0001	Crisical	0		11/13/2022		\$ 500.	augu	an over councing -
						\$		
						P		
4. Payee Inform	nation		P	\dd		Remove		
a. Full Name, Mail	ling Address & Phone		b	. Coordinated Committee	Nai	me		mments
(include city, state,	, & zip)						Per	nchased stamps mail "thank you" do for support
US Pasi	t Office						\$0	mail thank you
66mc Cach	t Office ern Blud 5E		-	Level Registered (Specify	y)		Car	ds for support
Concoro	1 Mc		1	Federal		County:		
Concord	1, 100		L	State		Municipality:	e. Ele	ction Sum to Date
							\$	116,00
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)		j. Amount	k. Re	quired Remarks
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0001	Check	1		11/13/2022		\$ 58.00	that	and you notes"
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						\$,	
4. Payee Inform	nation		A	\dd		Remove		
a. Full Name, Mail	ing Address & Phone		b.	. Coordinated Committee	Nan	ne	d. Co	mments
(include city, state,	& zip)							. ,
<i>^</i> .							4	
	-		c.	Level Registered (Specify)	7)			
			L	Federal		County:		
	1 -		L	State		Municipality:	e. Elec	ction Sum to Date
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f. Account Code	a Form of Donmant	h. Purpose Code	Ц,	' D-4- ((11/)	-		l. D.	······································
i. Account Code	g. Form of Payment	n. i ui pose code	-	i. Date (mm/dd/yyyy)	+	j. Amount		quired Remarks
	1		1	~		\$	(
			-		+		(
						\$		
5. Total only thi	is Page						\$	558,00
	CRO-1310 Pages						Ψ	
	line 13a of Detailed Sum	mary Page CRO-1100	0 if (Operating Expenses)			•	0.0
				Contrib to Candidates/Politi	tical	Comm)	\$	1558.00
		NAME OF TAXABLE PARTY OF TAXABLE PARTY.		Coordinated Party Expendit	ture	es)		
	es (List detailed exp							
A* - Media	B* - Printing	C* - Fund				D - To Anothe		
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic K* - Office		-				Office Expenses gal Expense Fund
O* - Other	o - i challes	K - Offic	,c E	Apenses		Q - Dollation	i to Les	gar Expense Fund

* Codes require detailed explanation in required remarks field (k)

Amendment

Dish	ursem	ents
LISU	ui sciii	

Dα	2	of	2	Amendment Yes	□ No
Pg		01		La res	110

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

A	Full Name (and Fun					2. ID Number
Committe	v to Re-elec	Lagran .	Shu			
3. Type of Disb		use separate Cl		the state of the s	ach type of Di	isbursement.)
Operating Exp	enses	tributions to Candid	ates/Politi	cal Committees	□ c	Coordinated Party Expenditures
4. Payee Inform	nation			Add	Remove	
a. Full Name, M	Iailing Address & Ph	one		b. Coordinate	ed Committee Na	me d. Comments
(include city, state,						
Caharrus	County Edi	ication For	ındatı	c. Level Regis	stered (Specify)	
	ld aurport			State	County Munici	ipality: e. Election Sum to Date
	, NC 280:					s 500, 0 <u>0</u>
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check	0	12/	22/2022	\$ 500,00	Foundation to Educate
			1 ′		\$, ,
4. Payee Inforn	nation			Add \square	Remove	
Control of the contro	ing Address & Phone			Market	ed Committee Na	ame d. Comments
(include city, star						
Cabarra	ANP					
Cavarra	Dia Am MI	()		c. Level Regis	stered (Specify)	
46 me	Sill aux. NU	U		Federal	County	
Concor	d, NC 280	7		State	Munici	ipality: e. Election Sum to Date
	280	23				\$ 500,00
f. Account Code	g. Form of Payment	h. Purpose Code	li Data (mm/dd/yyyy)	i Amount	k. Required Remarks
			In Jale	_ /	5 500 00	- Contribution to Got
0001	Check	G	11/2	1/2022	3 300 . 2	
					\$	
4. Payee Inforn	nation			Add	Remove	
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Na	me d. Comments
(include city, stat	te, & zip)					
					stered (Specify)	
				Federal State	County	ipality: e. Election Sum to Date
				State	Munici	ipanty: e. Election Sum to Date
						\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					S	
			_			
					\$	
5. Total only th	is Page					\$ 1000,00
6. Total of ALL	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sun	mary Page CRO-11	00 if Ope	rating Expense	es)	s 1558.00
(This line goes in	line 13b of Detailed Sun	amary Page CRO-11	00 if Con	trib to Candida	ates/Political Com	nm)
(This line goes in	line 13c of Detailed Sun	mary Page CRO-11	00 if Coo	rdinated Party	Expenditures)	
7. Purpose Co	odes (List detailed	expenditure cod	e in (h.)	above)		
A* - Media	B* - Printi			undraising	D - T	o Another Candidate
E - Salaries	F* - Equip			litical Party		Holding Public Office Expenses
I - Postage	J - Penalti	es	K* - 0	ffice Expen	ses Q*-	Donation to Legal Expense Fund
O* Other			Abecomposition of			
 Codes requir 	e detailed explanati	on in required i	remarks	field (k)		