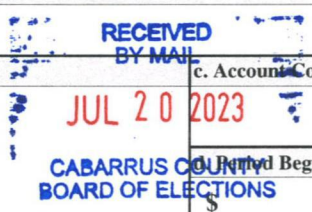


Disclosure Report Cover

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 <u>Holden for Kannapolis</u>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>803 Sprucewood St Kannapolis NC 28081</u>			d. Date Filed <u>07/18/2023</u>	
			e. Phone Number <u>704699 2092</u>	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
<u>2023</u>	<u>01/01/2023</u>	<u>06/30/2023</u>	<u>Holden Brent Sides</u>	
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 checked="" 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 Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth 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 <u>0</u>		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <u>Uwharrie Bank</u>		a. Financial Institution Full Name		
b. Purpose <u>Campaign Account</u>		b. Purpose		
c. Account Code <u>1</u>		c. Account Code		
d. Period Begin Balance <u>\$ 0.00</u>		d. Period Begin Balance		
				
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.				
<u>Holden Sides</u>		<u>[Signature]</u>		<u>07/03/2023</u>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<u>7/20/2023</u>	Employee:	<u>WAN</u>	Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	<u>7/18/2023</u>	Employee:	<u>WAN</u>	
Date Scanned:	_____	Employee:	_____	
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.				

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	
Holden for Kannapolis	Semi-Annual ^{mid} year		
Start of Election Cycle: January 1, <u>2023</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 281.00	\$ 281.00	
6) Contributions from Individuals (CRO-1210)	\$ 395.39	\$ 395.39	
7) Contributions from Political Party Committees (CRO-1220)	\$ 525.00	\$ 525.00	
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)	\$ 1,201.39	\$ 1,201.39	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 173.41	\$ 173.41	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 5.21	\$ 5.21	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$ 570.39	\$ 570.39	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 749.01	\$ 749.01	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 452.38	\$ 452.38	
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

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	
Holden for Kannapolis							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Stacy Montgomery 5360 Creelwood Dr. Salisbury NC 28147				Paralegal			
				c. Employer's Name/Specific Field			
				Davis Law Firm		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		
<input type="checkbox"/>	1	Electronic Funds Transfer		4/24/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Chad Sides 1065 Sellers Ct China Grove NC 28023				Sales			
				c. Employer's Name/Specific Field			
				RH Barringer Distribution		e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Electronic Funds Transfer		6/30/2023	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Holden Sides 803 Sprucewood St Kannapolis NC 28081				Real Estate Agent		Start up Campaign Supplies	
				c. Employer's Name/Specific Field			
				Lantern Realty		e. Election Sum to Date \$ 45.39	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	In-Kind Debit	Campaign Post Cards	4/25/2023	\$ 24.00		
<input type="checkbox"/>	1	In-Kind Debit	Campaign Stickers	4/26/2023	\$ 21.39		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 395.39	
5. Total of ALL CRO-1210 Pages						\$ 395.39	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Political Party Committees

Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Holden for Kananapolis					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
NC Democratic Party 220 Hillsborough St. Raleigh NC 27603				Votebuilder Access 2023	
				c. Election Sum to Date	
				\$ 525.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	In-Kind	Vote Builder	05/27/23	\$ 525.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 525.00	
5. Total of ALL CRO-1220 Pages <small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>				\$ 525.00	

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	
Holder for Kannapolis							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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)				b. Coordinated Committee Name		d. Comments	
Staples 1480 Concord Pkwy. N Suite 350 Concord NC 28025							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 40.64	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit	B	06/23/2023	\$ 26.74	Business Cards		
1	Debit	K	06/09/2023	\$ 13.90	Paper Holder		
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	
Zazzle 1800 Seaport Blvd Redwood City CA 94063							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 24.17	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Electronic Debit	B	06/06/2023	\$ 24.17	Campaign Stickers		
				\$			
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	
Hotcards 22 N Main St. Floor 2 Chagrin Falls OH 44022							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 41.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Electronic Debit	B	05/07/2023	\$ 41.61	Business Cards		
				\$			
5. Total only this Page						\$ 106.42	
6. Total of ALL CRO-1310 Pages						\$ 173.41	
<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)							

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) <u>Holder for Kannapolis</u>	2. ID Number
--	---------------------

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 <i>(include city, state, & zip)</i> <u>Carver</u> <u>3212 E Cesar Chavez St</u> <u>Austin TX 78702</u>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date <u>\$ 42.99</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>Electronic Debit</u>	<u>B</u>	<u>4/30/23</u>	<u>\$ 24.00</u>	<u>Business Cards</u>
<u>1</u>	<u>Electronic Debit</u>	<u>A</u>	<u>4/30/23</u>	<u>\$ 18.99</u>	<u>Website Domain</u>

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Uwharrie Bank</u> <u>Po Box 338</u> <u>Albemarle NC 28002</u>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date <u>\$ 24.00</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>Electronic Debit</u>	<u>0</u>	<u>5/31/23</u>	<u>\$ 12.00</u>	<u>Acct. Fees</u>
<u>1</u>	<u>Electronic Debit</u>	<u>0</u>	<u>6/30/23</u>	<u>\$ 12.00</u>	<u>Acct. Fees</u>

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date <u>\$</u>

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 \$ 66.99

6. Total of ALL CRO-1310 Pages
(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)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
\$ 173.41

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)

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Holder for Kannapolis			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Holder Sides 803 Spruewood St Kannapolis NC 28081		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	Campaign Supplies d. Election Sum to Date \$ 45.39
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign Postcards for events		04/25/23	\$ 24.00
Campaign stickers for shirts		04/26/23	\$ 21.39
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
NC Democratic Party 220 Hillsborough St. Raleigh NC 27603		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	Votebuilder Access 2023 d. Election Sum to Date \$ 525.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Votebuilder Access for election		05/27/23	\$ 525.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	 d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 570.39	
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 570. 570.39	

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 803 Sprucewood St
 Kannapolis NC 28081

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SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

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Cabarrus County Board of Elections
 369 Church St. N
 Concord NC ~~28025~~
 28025
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 28025

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- \$100.00 insurance included.

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1-Day 2-Day Military DPO

PO ZIP Code 28270	Scheduled Delivery Date (MM/DD/YY) 7-19-23	Postage \$ 28.95
Date Accepted (MM/DD/YY) 7-18-23	Scheduled Delivery Time <input type="checkbox"/> 6:00 PM	Insurance Fee \$
Time Accepted 12:42 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee \$	COD Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Live Animal Transportation Fee \$
Weight 3.20 lbs.	Acceptance Employee Initials O.W.	Total Postage & Fees \$ 28.95

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, MAY 2021

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