

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 COMMITTEE TO ELECT CHRIS FAW			c. ID Number 207-36D268-C-001	
b. Mailing Address (include City, State and Zip Code) 8026 DELL DRIVE HARRISBURG, NC 28075			d. Date Filed 09/28/2023	
			e. Phone Number	
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 07/26/2023	4. Period End Date (mm/dd/yy) 09/26/2023	5. Treasurer Full Name GREG FORNSHELL	
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"/> Party		Municipal		
<input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC		<input type="checkbox"/> Organizational		
<input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<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)		State/County		
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Organizational		
<input type="checkbox"/> Building Fund		Quarterly		
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> First		
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Second		
<input type="checkbox"/> Other:		<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 0		10. Special Report Name 35 DAY REPORT		
3. Account Information		3. Account Information		
a. Financial Institution Full Name WELLS FARGO		a. Financial Institution Full Name		
b. Purpose CAMPAIGN FUND MANAGEMENT		b. Purpose		c. Account Code
				d. Period Begin Balance
				\$
				\$ 5,000.00
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				
<u>GREG FORNSHELL</u> Printed Name of Signer		<u>Greg Fornshell</u> Signature of Appointed Treasurer		09/28/2023 Date
FOR OFFICE USE ONLY				
Date Received:	<u>10-3-23</u>	Employee:	<u>TC</u>	Delivery Method
Date Postmarked:	<u>9-29-23</u>	Employee:	<u>TC</u>	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input type="checkbox"/> Hand Delivered
				<input checked="" 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.				

RTC
PO Box 80172
RALEIGH, NC 27603

CABARRUS COUNTY BOT
PO Box 1315
CONCORD, NC 28026

