Disclosure Report					Amendment
Use this form for general r		formation, m	ust be signed and su	bmitted along	with other detailed forms.
Do not use this form to upo <b>1. Committee Informatio</b>					
a. Full Name					. ID Number
Holder For Kennepolis					
b. Mailing Address (include City, State and Zip Code)					l. Date Filed
SD3 Sorwelwood St					10/27/23
1000 0000000000000000000000000000000000					Phone Number
803 Sprucewood St Kennapolis NC 25081					704 699 2092
2. Report Year 3. Period	Start Date (mm/dd/yy)	4. Period E	nd Date (mm/dd/vv)	5. Treasurer	NAMES OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.
2023 04/2	112023	1	12023		
6. Type of Committee (C	heck One) 9. 7	<b>Fype of Repo</b>		provides the second decision of the challenge of the second state	t from one category)
Z Candidate Campaign		nicipal	State/County	and a second of the second	Referendum
PAC	Referendum	Organizational	hand to be	13	Organizational
<ul> <li>Independent Expenditure</li> <li>Legal Expense Fund</li> </ul>	Joint Fundraiser	Thirty-five day Pre-primary	Quarterly First	13	Pre-referendum Final
	H	Pre-election		13	Supplemental Final
7. Type of Fund (if app	licable, check one)	Pre-runoff	Thir		Annual
Booster Fund		Semi-annual	Four	th	Special
Building Fund		Mid Year	Semi-ann	ual	
		Year End	Mid Mid	Year	10. Special Report Name
Other:		Final	Year Year	End	
8. Number of Fundraiser O	s this Report	Special	Final Special		
11. Account Information 11. Account Information				nation	
a. Financial Institution Full Na		a. Financial Institution Full Name			
Uwharrie B					
b. Purpose c. Account Code		b. Purpose		:. Account Code	
0					
1'an mico	d Daried Pagin R	d. Period Begin Balance		ŀ	l. Period Begin Balance
Campaign		15			
	\$ 0				\$
CERTIFICATION					
					& 22D-22M of Chapter 163
of the NC General Statutes report is complete, true and					nds. I further certify that this
report is complete, true and	i correct and that I have b	een trained by	the NC State Board of	-	1 1
Hilder Si	dea	H	$\sim$		10/27/23
Printed Name	e of Signer		nature of Appointed Trea	surer	Date
FOR OFFICE USE ONL					
Date Received:	10/31/2023	Employ	ee: WAN		very Method
Date Postmarked:	10127 /2033	Employ	ee: WAN		Normal Mail Registered Mail Hand Delivered
Date Scanned:	10/31/2023	Employ	ee:	Contraction of the second s	Electronically Filed
Date Data Entered:		Employ			Signer has not received mandatory training
as	orm cannot be used to a sistant treasurer, custoo unend the Statement of	dian of books	information, or acc	ount informat	



VISIT US AT USPS.COM

Holden Sides 803 Sprucewood St Kannepolis NC 28081

TO: Cabarrus County Board of Elections

PO Box 1315 Loncord NC 28026-1315

FOR DOMESTIC AND INTERNATIONAL US