


# 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.

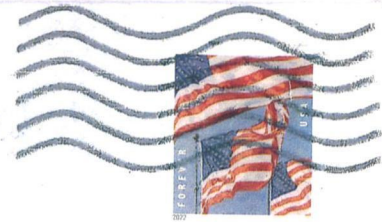
1. Committee Information																																					
a. Full Name COMMITTEE TO ELECT CHRIS FAW	c. ID Number 207-36D268-C-001																																				
b. Mailing Address (include City, State and Zip Code) 8026 DELL DRIVE HARRISBURG, NC 28075	d. Date Filed 10/26/2023																																				
	e. Phone Number																																				
																																					
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 09/27/2023																																				
4. Period End Date (mm/dd/yy) 10/23/2023	5. Treasurer Full Name GREG FORNSHELL																																				
6. Type of Committee (Check One)																																					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund																																					
7. Type of Fund (if applicable, check one)																																					
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																																					
8. Number of Fundraisers this Report 0																																					
9. Type of Report (check only one type of report from one category)																																					
<table style="width:100%; border:none;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input checked="" type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
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	<input type="checkbox"/> Special																																				
10. Special Report Name PRE-GENERAL																																					
3. Account Information																																					
a. Financial Institution Full Name WELLS FARGO																																					
b. Purpose CAMPAIGN FUND MANAGEMENT																																					
c. Account Code 1																																					
d. Period Begin Balance \$ 3,166.16																																					
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<p><b>CERTIFICATION</b></p> <p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B &amp; 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</p>																																					
<table style="width:100%; border:none;"> <tr> <td style="width:33%; text-align:center;"><u>GREG FORNSHELL</u> Printed Name of Signer</td> <td style="width:33%; text-align:center;"><u>Greg Fornshell</u> Signature of Appointed Treasurer</td> <td style="width:33%; text-align:center;"><u>10/26/2023</u> Date</td> </tr> </table>		<u>GREG FORNSHELL</u> Printed Name of Signer	<u>Greg Fornshell</u> Signature of Appointed Treasurer	<u>10/26/2023</u> Date																																	
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<b>FOR OFFICE USE ONLY</b>																																					
Date Received: <u>11-3-23</u>																																					
Employee: <u>TC</u>																																					
Date Postmarked: <u>10-22-23</u>																																					
Employee: <u>TC</u>																																					
Date Scanned: <u>11-03-2023</u>																																					
Employee: <u>WAN</u>																																					
Date Data Entered: _____																																					
Employee: _____																																					
Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training																																					
<p><b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>																																					

RTC

PO Box 80172

RALEIGH, NC 27633

RALEIGH NC 275  
Research Triangle Region  
27 OCT 2023 PM 2 L



CABARRUS COUNTY BOE

PO Box 1315

CONCORD, NC 28026

28026-131515

