Disclosure Re Use this form for ger	-		informat	ion, must be	signed	and sub	mitted along witl	\boxtimes	dment Yes No etailed forms.
Do not use this form		1							
1. Committee Infor	mation								
a. Full Name						c. I	c. ID Number		
Committee to Elect Holly Grimsley								STA-W14-L3J-C -001	
b. Mailing Address (include City, State and Zip Code)							d. l	Date Filed	
5160 E Redhaven Ln. NW Concord, NC 28027							/	11-13-93	
								e. I	Phone Number
									704-577-4831
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period (mm/dd/yy)				End Da	nd Date 5. Treasurer Full Name			e	
2021	2021 07/01/2021			12/3	/31/2021 Holly Grimsley		У		
6. Type of Committ		eck One)	9. Typ	e of Report	(c	heck on	ly one type of rep	port from	one category)
Candidate Campa	aign [Party	Munici	pal		State/C	ounty	Re	ferendum
PAC	L	Referendum		Organizational	l		Organizational		Organizational
Independent Expenditure Legal Expense Fu	und	Joint Fundraiser		Thirty-five day	y	(Quarterly		Pre-referendum
7. Type of Fund	(if app	licable, check one)		Pre-primary			First		Final
Booster Fund"				Pre-election			Second		Supplemental Final
Building Fund				Pre-runoff			Third		Annual
			l	Semi-annual			Fourth		Special
				Mid Year			Semi-annual	40	G IID IN
Other:			l H	Year End	1		Mid Year	10	. Special Report Name
CONTRACTOR AND THE CONTRACTOR OF THE CONTRACTOR			Final Special		∑ Ye		Year End		
8. Number of Fundraisers this Report				Special			Special		
11. Account Inform	ation				11. A	count l	nformation		
a. Financial Institution I	Full Nam	e			a. Fina	ncial Inst	itution Full Name		
Uwharrie Bank									
b. Purpose		c. Account Code			b. Purp			c	. Account Code
Candidat Cam		M			RECEIVED IN-PERSON				
		d. Period Begin Balanc	e			NO	V 1 3 2023	d	. Period Begin Balance
\$ 537.40		\$ 537.40			CABARRUS COUNTY		5	6	
CERTIFICATION						BOAR	D OF ELECTIONS		
I certify that the Com the NC General Statu is complete, true and Holly Grims	correct	I that no funds are co	mming	ed with proh	ibited c	ard of E	non-disclosed fur	2B, & 22 nds. I fur	2D-22M of Chapter 163 of ther certify that this report
FOR OFFICE USE O	NLY	11			/				
Date Received:		11/13/23		Employee:		M	AN	Deliv	<u>very Method</u> Normal Mail
Date Postmarked	d:			Employee:					Registered Mail
		11/14/23		projec.		110	Ν/	X	Hand Delivered
Date Scanned:		11/14/23		Employee:		- ha	- N		Electronically Filed Signer has not received mandatory training
Date Data Entere	ed:			Employee:					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.

Amendment \boxtimes No

Detailed SummaryUse 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	7 - 1 - 1 - 1 - 1 - 1	3. ID Number	
Committee to Elect Holly Grimsley	Semi-Annual Year	End	STA-W14-L3J-C	
Start of Flori's Cools Issue 1	2021	Total this	Total this	
Start of Election Cycle: January 1,	2021	Reporting Period		
4) Cash on Hand at Start		\$ 537.40	\$	
RECEIPTS 5) Assessment of Contributions from Individuals	(CRO 1205)	C	0	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 200.00	\$ 1.125.00	
6) Contributions from Individuals	(CRO-1210)	\$ 300.00	\$ 1,125.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
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 Organizat		\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	Ic, IId and IIe)	\$ 300.00	\$ 1,125.00	
EXPENDITURES				
13) Disbursements 13a) Operating Expenditures	(CRO-1310)	\$ 270.67	\$ 308.27	
13b) Contributions to Candidates/Political Commi		\$ 250.00	\$ 250.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$ 250.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,		\$ 520.67	\$ 808.27	
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 316.73	\$ 316.73	
ADDITIONAL INFORMATION	ano man			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaig	(ns) (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	\$			
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)	\$	\$	

Amendment **Contributions from Individuals** \boxtimes Yes No 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 Committee to Elect Holly Grimsley STA-W14-L3J-C-01 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Owner Tony Bonds 635 Pitts School Rd. c. Employer's Name/Specific Field Concord, NC 28027 Bond's Gravel e. Election Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount M \$ Check 12/17/2021 200.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) General Contractor Holly Grimsley

c. Employer's Name/Specific Field
Holton Construction Concepts

Remove

j. Date (mm/dd/yyyy)

j. Date (mm/dd/yyyy)

12/09/2021

i. In-Kind Description

Add

i. In-Kind Description

b. Job Title/Profession

c. Employer's Name/Specific Field

e. Election Sum to Date

100.00

\$

\$

\$

d. Comments

\$

\$

\$

e. Election Sum to Date

k. Amount

\$

\$

k. Amount

100.00

f. Prior

f. Prior

g. Account Code

M

3. Contributor Information

(include city, state, & zip)

a. Full Name, Mailing Address & Phone

g. Account Code

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

h. Form of Payment

h. Form of Payment

Check

300.00

300.00

Disbursements

Pg 1 of 3 Yes No

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						
Committee to I	Elect Holly Grimsley	STA-WI4L3J-C-001				
3. Type of Dish	oursement (Plea	ase use separate C	CRO-1310 forms for each i	type of Disbursen	nent.)	
Operating 1	Expenses	Contributions to Ca	indidates/Political Committees	Co	ordinated Party Expenditures	
4. Payee Inform	nation		Add	Remove		
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments	
(include city, state	, & zip)					
Cabarrus Coun	ty					
Board of Electi	ions		c. Level Registered (Specify)			
PO Box 1315			Federal	County:		
Concord, NC 2	8026		State	Municipality:	e. Election Sum to Date	
					\$ 198.67	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Check	0	12/06/2021	\$198.67	Filing Fee	
				\$		
4. Payee Inform	nation		Add	Remove		
	ing Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state						
Uwharrie Bank						
25 Palaside Dr.	NE		c. Level Registered (Specify)			
Concord, NC 2	8025		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
,					\$ 222.67	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
M	Acct Draft	0	07/31/2021	\$12.00	Bank Fee	
M	Acct Draft	0	08/31/2021	\$12.00	Bank Fee	
4. Payee Inform	nation		Add	Remove		
TO A STATE OF THE PARTY OF THE	ing Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,						
Uwharrie Bank						
25 Palaside Dr.	NE		c. Level Registered (Specify)			
Concord, NC 2	8025		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 227.67	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
М	Acct Draft	0	09/30/2021	\$12.00	Bank Fee	
M	Acct Draft	0	10/31/2021	\$12.00	Bank Fee	
5. Total only th	is Page				\$ 246.67	
	CRO-1310 Pages				\$ 240.07	
(This line goes in (This line goes in	line 13a of Detailed Sun line 13b of Detailed Sun	nmary Page CRO-110	00 if Operating Expenses) 00 if Contrib to Candidates/Politic		\$ 520.67	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fun		D - To Anoth	er Candidate	
E - Salaries F* - Equipment G - Politic				g Public Office Expenses on to Legal Expense Fund		
provide an experience of the contraction of the con	e detailed explanat	ion in required r	emarks field (k)		以为《新疆》的《新疆》的《新疆》的《新疆》的《	

Disbursements

Pg 2 of 3 Yes No

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

1. Committee F	full Name (and Fun	d if applicable)			2. ID Number
Committee to E	Elect Holly Grimsley				STA-WI4L3J-C-001
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursem					nent.)
Operating E	expenses	Contributions to Ca	ndidates/Political Committees	Co	oordinated Party Expenditures
4. Payee Inforn	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
Uwharrie Bank			Y 10 10 10 10		-
25 Palaside Dr. Concord, NC 23			c. Level Registered (Specify)	-	
Concord, NC 26	3023		State	County: Municipality:	e. Election Sum to Date
			State	Municipanty.	e. Election Sum to Date
					\$ 227.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Date (mm/dd/yyyy) j. Amount	
M	Acct Draft	0	11/30/2021 \$12.00		Bank Fee
M	Acct Draft	0	12/31/2021	\$12.00	Bank Fee
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
include city, state,	& zip)				
			c. Level Registered (Specify)		-
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
: Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
I. Payee Inform	ation		Add	Remove	
. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	1	
			State	Municipality:	e. Election Sum to Date
					\$
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
. Total only thi	is Page				\$ 24.00
AND THE RESERVE THE PROPERTY OF THE PROPERTY O	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sun		0 if Operating Expenses) 0 if Contrib to Candidates/Politi	\$ 520.67	
			o if Contrib to Canataates/Poutto 0 if Coordinated Party Expenditi		
	es (List detailed ex				
* - Media	B* - Printing	C* - Fund	draising	D - To Anoth	
				g Public Office Expenses on to Legal Expense Fund	
O* - Other	. 1.4.9.1 1 4		emarks field (k)		

Disbursements

Amendment Yes No

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

	ull Name (and Fun	d if applicable)			2. ID Number	
Committee to Elect Holly Grimsley STA-WI4L3J-C-001						
3. Type of Disb			RO-1310 forms for each t			
Operating E		Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform			Add	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
Cabarrus GOP						
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					0.000	
					\$ 250.00	
f. Account Code g. Form of Payment h. Purpose		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
					-	
M	Check	G	06/13/2021	\$100.00		
M	Check	G	06/13/2021	\$150.00		
4. Payee Inform	nation		Add	Remove		
			b. Coordinated Committee Na		d. Comments	
	ng Address & Phone		b. Cool dillated Collimitee 18	anic	u. Comments	
(include city, state,	& zip)		-			
			V 18 14 16 16		-	
			c. Level Registered (Specify)			
			Federal	County:		
	ž.		State	Municipality:	e. Election Sum to Date	
					\$	
					9	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				3		
				6		
				\$		
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,						
(include crop, clinic)			1			
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
			State	with the parity.	c. Election Sum to Date	
					\$	
f. Account Code	a Form of Dormant	h. Purpose Code	i Data (mm/dd/sagar)	j. Amount	k. Required Remarks	
1. Account Code	g. Form of Payment	n. i ui pose code	i. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks	
				\$		
				S		
5. Total only thi		\$ 250.00				
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$ 520.67	
(This line goes in	220,01					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate						
E - Salaries	F* - Equipment		-		Public Office Expenses	
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	n to Legal Expense Fund	
O* - Other	e detailed explanati	ion in required -	amarks field (k)			