

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 MEASMER | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) PO BOX 8133 CONCORD, NC 28027 | d. Date Filed 10/06/2022 |
| | e. Phone Number |

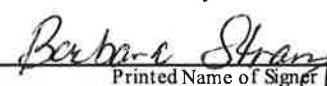

| | | | |
|-------------------------------|--|--|--|
| 2. Report Year 2022 | 3. Period Start Date (mm/dd/yy) 05/01/2022 | 4. Period End Date (mm/dd/yy) 06/30/2022 | 5. Treasurer Full Name COMMITTEE TO ELECT CHRIS MESEAMER |
|-------------------------------|--|--|--|

| | | | | |
|---|---|--|---|---|
| 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 | State/County | Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|---|--------------------------------------|---|--------------------------------|
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name COMMITTEE TO ELECT CHRIS MEASMER | | a. Financial Institution Full Name | |
| b. Purpose CANDIDATE EXPENSES | c. Account Code A1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ | | d. Period Begin Balance |

CABARRUS COUNTY
BOARD OF ELECTIONS
OCT 26 2022
RECEIVED

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

 Printed Name of Signer
 Signature of Appointed Treasurer
 10/13/2022 Date

FOR OFFICE USE ONLY

| | | |
|--------------------------------|---------------------|--|
| Date Received: <u>10/13/22</u> | Employee: <u>SP</u> | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: _____ | Employee: _____ | |
| 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.

Contributions from Individuals

Amendment
 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 CHRIS MEASMER | | | | | | |
| 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 | |
| E L HELMS 6613 MACEDONIA CHURCH RD CONCORD, NC 28027 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | e. Election Sum to Date | |
| | | | | \$ 400.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | A1 | Check | | 05/12/2022 | \$ 400.00 | |
| <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 | |
| SHANNON LANCASTER 4901 PHOENIX CIR CONCORD, NC 28025 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | CABARRUS COUNTY SCHOOLS | | e. Election Sum to Date | |
| | | | | \$ 500.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | A1 | Check | | 05/05/2022 | \$ 500.00 | |
| <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 | |
| CHRIS MEASMER PO BOX 8133 CONCORD, NC 28027 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | WAYSIDE FAMILY RESTURANT | | e. Election Sum to Date | |
| | | | | \$ 21,381.25 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | A1 | In-Kind | CABARRUS YOUNG REPUBLICANS | 06/09/2022 | \$ 250.00 | |
| <input type="checkbox"/> | A1 | Check | | 06/15/2022 | \$ 8,500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 9,650.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 10,250.00 | |

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 | |
| COMMITTEE TO ELECT CHRIS MEASMER | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <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 <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments |
| REDFONT MARKETING GROUP 126 SPENCER AVE CONCORD, NC 28025 | | | | 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 |
| | | | | | | \$ 17,246.59 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A1 | Check | A | 06/25/2022 | \$ 9,455.65 | DIGITAL MEDIA, | |
| | | | | \$ | FACEBOOK ADS, SIGNS, | |
| 5. Total only this Page | | | | | \$ 9,455.65 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | |
| <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> | | | | | \$ 9,455.65 | |
| <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) | | | | | | |