Disclosure Report Cover	Disc	losure	Report	Cover
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An	nendn	ient				
	] Yes		Ę	Z N	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					c. ID Number				
b. Mailing Address (include City, Stat	Kanna Do	lis							
b. Mailing Address (include City, Stat	te and Zip Code)				d. Date Filed				
803 Sprucewo	od St				07/18/2023 e. Phone Number				
(Cannopolis	NC 28081				704699 2092				
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name									
1000 -11 1	7023 0	6 30	2023 1	Holder	Brest Sides				
6. Type of Committee (Check (				pe of repo	rt from one category)				
Candidate Campaign Par			State/County		Referendum				
		anizational	Organization	ıal	Organizational				
	1=	ty-five day	Quarterly		Pre-referendum				
Legal Expense Fund		primary	First		Final				
		election	Second		Supplemental Final				
7. Type of Fund (if applicable,	Service of the Control of the Contro	runoff	Third		Annual				
Booster Fund	Sem	i-annual	Fourth		Special				
Building Fund	<u> </u>	Mid Year	Semi-annual		10.6 . 15				
	ᄖ	Year End	Mid Ye		10. Special Report Name				
Other:	Fina		Year Er	nd					
8. Number of Fundraisers this	Report Spec	cial	Final						
			L Special						
11. Account Information		11.	Account Informa	tion					
a. Financial Institution Full Name		a. Fi	nancial Institution Fu	Ill Name					
Uwhanie Bank	,		# 20 P	RECEIVE BY MAII	D T				
b. Purpose	c. Account Code	b. Pu	irpose	DI WOU	c. Account Code				
Campaign	1		J	UL 20	2023 🔻				
	d. Period Begin Balanco	:	\$ CAI	BARRUS C	du Rentyd Begin Balance				
Campaign Account	\$ 0.00			RD OF ELE					
CERTIFICATION									
I certify that the Committee or Fu of the NC General Statutes and th report is complete, true and correct	at no funds are comming	gled with proh	ibited or other non-	disclosed fu					
Holden Side	ner	Signature	of Appointed Treasur	er	67/03/2023 Date				
FOR OFFICE USE ONLY		3							
	7/20/2023		WAN	Deli	ivery Method				
		Employee:	11.1.0		Normal Mail				
Date Postmarked: 7	/18/2023	Employee:	WAN	図	Registered Mail Hand Delivered				
Date Scanned:		Employee:			Electronically Filed				
Date Data Entered:		Employee:			Signer has not received mandatory training				
	t treasurer, custodian	of books info	ormation, or accou	nt informa	tion.				
37 . 1	the Statement of Orga	anization (CF	RO-2100A-E) to m	ake comm	ittee changes.				

## **Detailed Summary**

Amendment

Yes

No

Use 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 3. ID Number Mid Semi-Annua YELL Total this Total this Start of Election Cycle: January 1, **Reporting Period Election Cycle** 4) Cash on Hand at Start \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 281.00 41.00 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees (CRO-1220) \$ \$ 525.00 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 Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 11e) Exempt Purchase Price Sales (CRO-1265) 201. 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 39 \$ 1201.39 **EXPENDITURES** 13) Disbursements 173.41 173.41 13a) Operating Expenditures (CRO-1310) \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ (CRO-1315) 14) Aggregated Non-Media Expenditures \$ 5.21 5.21 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, 15, 16 and 17) \$ 01 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (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 (CRO-1720) \$ 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)

## Aggregated Contributions from Individuals Page \_\_\_\_\_ of \_\_\_\_ Amendment \_\_\_\_\_ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committ	ee Full Name (a	nd Fund if applicab	le)	2. I	D Number
Hole	der for	r Kannap	Polis		
THE R. P. LEWIS CO., LANSING, MICH. 49-14039.	tor Information	1			
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add Remove	)	Electronic Fund Transfer		04/24/2023	\$ 1.00
Add Remove	1	Electronic Funds Transfer		04/24/2023	s 25.00
Add Remove	1	Electronic Funds Transfer		04/24/2023	\$ 10.00
Add Remove	1	Electronic Funds Transfer		04/24/2023	\$ 25.00
Add Remove	1	Electronic Funds Transfer		04/24/2023	\$ 10.00
Add Remove	1	Electronic Funds Transfer		04/24/2023	\$ 25.00
Add Remove	1	Electronic Funds Transfer		04/24/2023	\$ 50.00
Add Remove	1	Electronic Funds Transfer		04/25/2023	\$ 50.00
Add Remove	1	Electronic funds Transfer		04/28/2023	\$ 50.00
Add Remove	1	Electronic Funds Transfer		06/25/2023	\$ 25.00
Add Remove	1	Electronic Funds Transfer		06/26/2023	\$ 10.00
Add Remove	ų.	7.12015			\$
Add Remove					\$
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Add Remove					\$
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Add Remove					\$
Add Remove					\$
Add Remove		×			\$
Add Remove					\$
Add Remove					\$
	nly this Page	1005 D		\$	281.00 281.00
	ALL CRO-		0.0 1100	\$	281 00
CRO-1205	ist be on tine 5 of De	etailed Summary Page Cl	NC State Board of Elections		April 2007

Contributions for			Pg	of		Yes No
Use this form to report i			ontributions unde	er \$50 if form CF	NESCHARACT	
1. Committee Full Nan	ne (and Fund if appli	cable)			2. I	D Number
Holden t	w Kannapol	is				
3. Contributor Inform	ation			nove		
a. Full Name, Mailing Addr (include city, state, & zip)			b. Job Title/Profes	ssion	d. Co	omments
			Para lega	.1		
Stacy Mont	gomery		c. Employer's Nan	ne/Specific Field		
Stacy Mont 5360 Creek Salisbury N	wood Dr.		Davis La	zω		ection Sum to Date
Salisbury N	10 28147		Hrm		\$	100.00
f. Prior g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount
	Electronic Funds Transfer			4/24/2023	3	\$ 100.00
						\$
						s
3. Contributor Inform	ation			nove		
a. Full Name, Mailing Addr			b. Job Title/Profes	ssion	d. C	omments
(include city, state, & zip)			Sales			
Chod Sides			c. Employer's Nan			
1065 Sellers ct China Grove NC 28023 RH Barringer Distribution				o Fl	e. Election Sum to Date	
China Grove	NC 28023		Distrib	utico	-	250.00
f. Prior g. Account Code		i. In-Kind Descrip	Name and Address of the Owner, where the Owner, which is the	j. Date (mm/dd/yy)		k. Amount
١	Electronica Frank					\$ 250.00
	100.000					\$
						\$
3. Contributor Inform	ation		Add Rer	nove		
a. Full Name, Mailing Addr			b. Job Title/Profes	Name and Address of the Owner o	d. C	omments
(include city, state, & zip)	es		Real Esta	te Agent	18	fart us
Sp3 Sprice	pove St		Lanten		(	ampaisn Supplied
803 Spruces	Nr 28081			,	\$	45.39
f. Prior g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount
	In-Kindl Debit	Campaign	est Cards	4/25/202	13	s 24.00
	In-Kind/ Debit	Campaign		4/24/202	3	s 21.39
						s
4. Total only this P	age				\$	395.39
5. Total of ALL Cl		ge CRO-1100)			\$	395.39

		cal Party Committees	Pg of	Amendment Yes No
THE RESERVE AND ADDRESS OF THE PARTY OF THE	Full Name (and Fund	ns from a political party		2. ID Number
1-611	r 1	1		ar ab i tumber
3. Contributor		GN Napolis Add D	Remove	
	iling Address & Phone	☐ Aud ☐		b. Comments
(include city, sta	ate, & zip)			Water ider
NC J	emocratic ills borough in NC 2	Party		Votebuilder Acuss 2023
1220 H	ills ho rough	St.		c. Election Sum to Date
Raleis	h NC 2	1603		\$ 525.00
d. Account Code	e. Form of Payment	i. in-Kind Description	g. Date (mm/dd/yyy	
	In-14hd	Vote Builder	05/27/2	3 \$ 525.00
				\$
				\$
3. Contributor	Information	☐ Add ☐	Remove	
(include city, sta	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	c. Election Sum to Date  \$ y) h. Amount
u. Account Code	c. Form of Layment	i. III-Kiliu Description	g. Date (min/du/yyy	\$
				s
				\$
3. Contributor	Information	Add	Remove	
a. Full Name, Mai (include city, sta	ling Address & Phone ate, & zip)			c. Election Sum to Date
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	
	vam or a ujment	and annual provinces	B. Sate (minute) ) )	\$
				s
				\$
4. Total only	this Page			\$ 525.00
5. Total of A	LL CRO-1220 Pa			\$ 525.00 \$ 525.00

Disbursements	Pg	1	of	2	Amendment  Yes	
Use this form to report expenditures from the committee for operating	expense					

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

1. Committee F	'ull Name (and Fund		65.65			2. ID Number	
Holden	for Kanno	polis					
3. Type of Disb		use separate Ck	20-1310	forms for e	each type of Dist	bursement.)	
Operating Expe	enses Con	ributions to Candida	tes/Politi	cal Committees	Cod	ordinated Party Expenditures	
4. Payee Inform				Add	Remove		
	ailing Address & Pho	one		b. Coordinate	ed Committee Nam	d. Comments	
(include city, state,	& zip)						
Staples			0.50	c. Level Regis	stered (Specify)		
	incord Plewy		350	Federal State	County:	ality: e. Election Sum to Date	
	d NC 280	25				\$ 40.64	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	A	k. Required Remarks	
1	<b>Webit</b>	3	0613	13/2023	\$ 26.74	Business Cards	
1	Debit	12	06	09/2023	\$ 13.90	Paper Holder	
4. Payee Inform	nation			Add	Remove		
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Nam	d. Comments	
(include city, stat	te, & zip)						
Zazzle				c. Level Regis	stered (Specify)		
	caport Blud			Federal	County:		
				State	Municip	ality: e. Election Sum to Date	
	d City CA					\$ 24.17	
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Required Remarks	
1	Electronic Debit	13	Ole	00/2023	\$ 24.17	Campaign Stickers	
	-				\$		
4. Payee Inform	nation			Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Nam	d. Comments	
(include city, stat	e, & zip)						
Hot can	rds			c. Level Regis	stered (Specify)	N. C.	
22 N Ma	ain St. Floor	2		Federal	County:		
01	C 11 611	1111202		State	Municipa	ality: e. Election Sum to Date	
Chagnin	falls OH					s 41. Ce1	
f. Account Code	g. Form of Payment	h. Purpose Code	-1	mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	B	051	07/2023	5 41.61	Business Cards	
					\$		
5. Total only th	is Page					\$ 104.42	
6. Total of ALL	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Ope	rating Expense	es)	s 173.41	
	line 13b of Detailed Sum					1)	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
	odes (List detailed						
A* - Media	B* - Printin	0		undraising		Another Candidate	
E - Salaries I - Postage	F* - Equipm J - Penaltie			itical Party ffice Expen		olding Public Office Expenses onation to Legal Expense Fund	
O* Other	J - renalue	.5	W . O	mee Expen	ses Q · · D	onation to Legal Expense rund	
	e detailed explanation	on in required r	emarks	field (k)			

Disbursements	:
TATOR AT DOTHER TIME	,

Pg A of A Ses 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 Fun	d if applicable)				2. ID Number
Holo	les for	Cannapoli	S			
3. Type of Disl		use separate Cl	NAME AND ADDRESS OF TAXABLE PARTY.	forms for	each type of Di	isbursement.)
Operating Ex	penses Cor	ntributions to Candid	ates/Politi	cal Committee	s 🔲 C	Coordinated Party Expenditures
4. Payee Infor	mation			Add	Remove	
a. Full Name, N	Mailing Address & Ph	one		b. Coordinat	ted Committee Na	me d. Comments
(include city, state	e, & zip)					
Canuc				1 10	1.6 10	
Canve	Ch.	1 10 2 SL		Federal	istered (Specify)  County	u-
3212	E Cesar Cha in TX 787	ADEO OF		State	-	ipality: e. Election Sum to Date
Aust	n 1x 787	700			_	\$ 42.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)		k. Required Remarks
1	Electronic Del	H B	141	30/23	\$ 24.00	Business Cards
1	Electronic Debit	A	41	30/20	\$ 18.99	Website Domain
4. Payee Infor	THE RESIDENCE OF THE PARTY OF T			Add $\square$	Remove	1 505(7)/15 505 157
	iling Address & Phone			b. Coordinat	ted Committee Na	me d. Comments
(include city, sta						
Uwhan	ie Bank			c. Level Regi	istered (Specify)	
Po Box	230			☐ Federal	County	y:
PO BOX	500			State	Munic	ipality: e. Election Sum to Date
Albema	re NC 2	8002				\$ 24.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Electronic Debit	0	51	31/23	\$ 12.00	Acet. Fees
)	Electronic Debit	0	a	301 23	\$ 12.00	Acct. Fees
4. Payee Infor	mation			Add	Remove	
	iling Address & Phone			b. Coordinat	ted Committee Na	me d. Comments
(include city, sta	ate, & zip)					
				e Level Per	istered (Specify)	
				Federal		v·
				State	-	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
			T		\$	
5. Total only t	his Page					\$ ( /. 00
						\$ 66.99
<b>的复数形式自由性的性质的石炭的</b>	L CRO-1310 Pages	n cnc	100 160			172 11
	n line 13a of Detailed Sui n line 13b of Detailed Sui		_	_		s 173.41
	n line 13c of Detailed Sui					,
CONTRACTOR OF THE PARTY OF THE	Codes (List detailed				,	
A* - Media	B* - Printi			undraising	ВТ	To Another Candidate
E - Salaries	F* - Equip			litical Party		Holding Public Office Expenses
I - Postage	J - Penalt			Office Expen		Donation to Legal Expense Fund
O* Other			District Control	r		9
* Codes requi	ire detailed explanat	ion in required	remark	s field (k)		

Aggregated	Non-	Media	Expend	litures
------------	------	-------	--------	---------

Page \_\_\_\_\_ of \_\_\_ Amendment \_\_\_\_ Yes \_\_\_\_ No

A	A	port NC Non-Medi	A.	of \$50 or less.		
1. Committee Full Name (and Fund if applicable)				2, ID Number		
Holden for Kunnopolis						
3. Payee In	formation	10011110101	. 3			
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Add	1		1 1 ar pose code			Online fendrasing
Remove	)	Electronic Debit		05/01/2023	\$ 5.21	Security Fee
Add					s	
Remove					9	
Add					\$	
Remove Add			-			
Remove					\$	
Add		<del>                                     </del>	<del> </del>		6	
☐ Remove					\$	
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Remove					\$	
THE RESERVE OF THE PERSON NAMED IN	only this Page	2			\$ 5.21	
	of ALL CRO					
		-1315 Pages Detailed Summary Pag	e CRO-1100)		\$ 5.21	
		t detailed expend		d) abova)		
o. Furpos		- Printing	C* - Fundr	raising D - T	o Another Candid	ate
E - Salar		- Equipment	G - Politica		Holding Public C	
I - Posta		Penalties	K* - Office			gal Expense Fund
O* - Otl	Complete sea designation of constraints.					
		led explanation in	required rema	arks field (g)		

In-Kind Contributions	Pg	1	of		Amen	Ø	No	
Use this form to report non-monetary contributions, donations, goods or services			e con	nmittee o	or fund			

1. Committee Full Name (and Fund if applicable)	ded within 7 day		2, ID Number		
Holder for 1 Cannapolis					
3. Contributor Information	Add Rer	nove			
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Comments		
(include city, state, & zip)	Individual		Campoisn		
Holder Sides	Candidate Party		Supplies		
San 2 Sangaran Ch	☐ PAC				
803 Springward St	Referendum		d. Election Sum to Date		
Kannopolis NC 28081	Other Receipt	Source	s 45.39		
e. Description		f. Date (mm/dd/yyy			
Compaign Post cards for events		04/25/29	3 s Jy.00		
Campaign sticlers for shirts		04/26/2	3 s 21.39		
			\$		
3. Contributor Information	Add Rei	nove			
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Comments		
(include city, state, & zip)	Individual		Votebuilder		
NC Democratic Party	Candidate Party		Access 2023		
220 Hillsborough St.	PAC		d Floation Cum to Data		
	Referendum Other Receipt Source		d. Election Sum to Date		
Raleigh NC 27603			\$ 525.00		
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount		
Votebuilder Access for election	on	05/27/2	3 \$ 525.00		
			s		
			\$		
3. Contributor Information	Add Rei	move			
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. Comments		
(include city, state, & zip)	Individual Candidate Party PAC Referendum Other Receipt	Source	d. Election Sum to Date		
	Other Receipt	Source	\$		
e. Description		f. Date (mm/dd/yyy	yy) g. Fair Market Amount		
			S		
			s		
			\$		
4. Total only this Page			\$ 570.39		
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 500.510.39		

## Retail



**RDC 07** 

USPS® Corporate Acct. No.



28025

U.S. POSTAGE PAID PME 1-Day **HUNTERSVILLE, NC 28078** JUL 18, 2023

\$28.95

R2305M144238-15

## UNITED STATES POSTAL SERVICE®

PRESS FIRMLY TO SEAL

MAIL **EXPRESS®** 



Holden Sides/Holden for Kennepolis
803 Spruawood St
Kana polis No 78081 PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)							
SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's all receptacle or other secure location without attempting to obtain the addressee's signature on delivery.  Lelivery Options  No Saturday Delivery (delivered next business day)  Substantial Service (additional fee, where available*)  *Refer to USPS.com* or local Post Office** for availability.							
Q: (PLEASE PRINT)							
Cabarrus County Board of Election							
369 Church St. N							
Concurd Ní Froto J8075							
2 8 0 2 65_							

998	For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
986	\$100 00 incurance included

PEEL FROM THIS CORNER

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Federal Agency Acct. No. or Postal Service™ Acct. No.

	ORIGIN (POSTAL SERVIC	E USE ONLY)		
	☐ 1-Day	2-Day	Milltary	□DPO
	PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
1)	28270	7-19-23	\$ 28.0	5
e's	Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
	7-18-23-	☐ 6:00 PM	\$	\$
	Time Accepted		Return Receipt Fee	Live Animal Transportation Fee
-	12.42		\$	\$
	Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
5	\$	\$	6.0	
	Weight Flat Rate 5.20 Jbs. ozs.	Acceptance Employee Initials	28.9	15
- 1	DELIVERY (BOCTAL CER	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAME	CENTRAL TERMINATURA DE CALIFORNIA DE CALIFOR	CONTRACTOR

Employee Signature

Employee Signature

ABEL	11-B.	MAY 2021	

Delivery Attempt (MM/DD/YY) Time

Delivery Attempt (MM/DD/YY) Time

□ PM PSN 7690-02-000-9996

☐ AM □ PM

DAM

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