Disclosure	Report	Cover
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Amendme	nt		
☐ Yes	X	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.

COMMITTEE TO ELECT PAM ESCOBAR b. Mailing Address (include City, State and Zip Code) 1115 ANDUIN FALLS DR CHARLOTTE, NC 28269 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2023 01/01/2023 06/30/2023 CATHERINE PARRISH 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) 2. Candidate Campaign Party Municipal State/County Referendum Pre-declared Organizational Organizational Organizational Organizational Pre-primary First Final Final Pre-stending Fund Pre-stending Election Pre-election Second Sepplemental Final Presidential Election Year Candidates Fund Pre-trained Pre-trained	1. Committee Info	rmation								
b. Mailing Address (include City, State and Zip Code) 1115 ANDUIN FALLS DR 1115 ANDUIN	a. Full Name								c. ID Number	
O7/24/203 C. Phone Number (980) 494-3235	COMMITTEE T	O ELECT PA	AM ESCOBAR							
CHARLOTTE, NC 28269 Charlotte, NC 28269 C. Phone Number (980) 494-3235	b. Mailing Address	s (include Cit	y, State and Zip	Code)					d. Date Filed	
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2023									07/24/2023	
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2023 01/01/2023 06/30/2023 CATHERINE PARRISH 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) 2. Candidate Campaign Party Organizational Organizational	CHINDOTTE, I	10 2020)							e. Phone Number	
2023 01/01/2023 06/30/2023 CATHERINE PARRISH									(980) 494-32	35
Social Special State/County Referendum Candidate Campaign Parry Municipal State/County Referendum Legal Expense Fund Organizational Org	2. Report Year 3.	. Period Star	t Date (mm/dd/y	y)	4. Period	End Dat	e (mm/dd/yy)	5. Treasur	er Full Name	
Scandidate Campaign	2023	01	1/01/2023		(06/30/2	023	CATHER	NE PARRISH	
Joint Fundraiser				and the second s	the state of the s			type of rep		ory)
Presidential Election Year Candidates Fund NC Public Campaign Financing Fund Other: Other:	☐ Joint Fundraiser ☐ PAC ☐ Referendum ☐ Legal Expense Fund		Organization Thirty-five Pre-primar Pre-election		onal Organization c day Quarterly y First n Second			☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final	nal	
Other: Other: S. Number of Fundraisers this Report O		ction Year Can	didates Fund	ш		.	_			
Other: S. Number of Fundraisers this Report						1	_	1	Бресии	
3. Account Information a. Financial Institution Full Name UWHARRIE BANK b. Purpose C. Account Code COMMITTEE TRANSACTIONS CERTIFICATION Letrify 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 ATHELINE FOR OFFICE USE ONLY Date Postmarked: Date Postmarked: Date Date Date Entered: Sepecial Special Special Final Special Special Signaturion Special Final Special Special Final Special Final Special Final Special Final Special Final Special Final Special Signatilition Full Name a. Financial Institution Full Name A. Count Code C. Account Cod	Other:					nd			10. Special Repor	t Name
3. Account Information a. Financial Institution Full Name UWHARRIE BANK D. Purpose C. Account Code D. Purpose C. Account Code COMMITTEE TRANSACTIONS D. Period Begin Balance S. 220.00 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 ARRONE PRINTER OF Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Postmarked: Date Scanned: Date Data Entered: Employee: Employee: Employee: Signature of Appointed Treasurer Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed		draisers this	Report		Special		Final			
A. Financial Institution Full Name UWHARRIE BANK PAYPAL D. Purpose C. Account Code COMMITTEE TRANSACTIONS 1 CAMPAIGN CONTRIBUTION PORTAL D. Period Begin Balance \$ 220.00 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 ATHERINE PARISH Printed Name of Signer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Postmarked: Date Postmarked: Date Postmarked: Date Scanned: Date Data Entered: Employee: Date Signer has not received							☐ Special			
Defiver of Appointed Treasurer Delivery Method Date Postmarked: 1-25-23 Employee: Date Postmarked: 1-27-23 Employee: Date Postmarked: 1-27-23 Employee: Date Postmarked: 1-27-23 Employee: Date Postmarked: 1-27-23 Employee: 1-27-23			ser juli in d			NAME OF TAXABLE PARTY.				
COMMITTEE TRANSACTIONS CAMPAIGN CONTRIBUTION PORTAL			me		100			on Full Nam	e ,	
TRANSACTIONS CAMPAIGN CONTRIBUTION PORTAL CONTRIBUTION PORTAL CONTRIBUTION PORTAL FOR WEBSITE CONTRIBUTION PORTAL CONTRIBUTION PORTAL	UWHARRIE BA	NK				PAYP	AL		***	
TRANSACTIONS d. Period Begin Balance \$ 220.00 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 ATHELINE PARISH Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: T-27-23 Employee: Delivery Method Normal Mail Registered Mail Hand Delivered Employee: Date Scanned: Signer has not received	b. Purpose		c. Account Cod	e		-			c. Account Code	
S 220.00 S 0.00 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 APPENDE PARISH Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Postmarked: Date Scanned: Date Data Entered: Employee: Signer has not received		S		1		CONTRIBUTION PORTAL		ORTAL	2	
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 ARECINE ARRIVATION O7/24/2023			d. Period Begin	n Balance					d. Period Begin Balance	
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 ATHERINE ARRIVE O7/24/2023	\$		\$		220.00				\$	0.00
Date Received: 7-27-23 Employee: TC Delivery Method Normal Mail Date Postmarked: 7-27-23 Employee: TC Plant Registered Mail Date Scanned: 7-27-23 Employee: VAN Electronically Filed Date Data Entered: Employee: Signer has not received	I certify that the Chapter 163 of the funds. I further	e Committee of the NC Gener certify that the	ral Statutes and this report is con	that no	true and c	commir orrect a	ngled with pro	hibited or of been traine	other non-disclosed ed by the NC State 07/24/2023	d Board
Date Received: 7-27-23 Employee: TC Delivery Method Normal Mail Date Postmarked: 7-25-23 Employee: TC Registered Mail Date Scanned: 7-27-23 Employee: VAN Electronically Filed Date Data Entered: Employee: Signer has not received					3					
Date Postmarked: Date Scanned: Date Scanned: Date Data Entered: Employee: Hand Delivered Hand Delivered Electronically Filed			7-27-2	13	Emplo	yee: _	Te			
Date Scanned: 7-27-23 Employee: VAN Electronically Filed Date Data Entered: Signer has not received	Date Postmark	red:	7-25-2	≥	Emplo	yee: _	TC		Registered Mail	
Date Data Entered. Employee.	Date Scanned	_	7-27-23	}_	Employ	yee: _	HAN			d
mandatory training	Date Data Ent	ered:	and the second second second second	er i se e se e	Employ	yee: _			Signer has not recomandatory 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 ☐ Yes 🛛 No

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

THE RESIDENCE OF THE PARTY OF T	STREET, SQUARE, SQUARE	CONTRACTOR OF THE PARTY OF THE	D Nun	nber	
2023 Mid Ye	ear Semi-Ar	nual			
Start of Election Cycle: January 1,					
4) Cash on Hand at Start				220.00	
(CRO-1205)	\$	0.00	\$	0.00	
(CRO-1210)	\$	0.00	\$	0.00	
(CRO-1220)	\$ 0.00		\$	0.00	
(CRO-1230)	\$	0.00	\$	0.00	
(CRO-1410)	\$	0.00	\$	0.00	
(CRO-1240)	\$	0.00	\$	0.00	
(CRO-1250)	\$	0.00	\$	0.00	
(CRO-1250)	\$	0.00	\$	0.00	
(CRO-1250)	\$	0.00	\$	0.00	
(CRO-1270)	\$	0.00	\$	0.00	
(CRO-1265)	\$	0.00	\$	0.00	
1c,11d and 11e)	\$	0.00	\$	0.00	
(CRO-1310)	\$	0.00	\$	0.00	
es (CRO-1310)	\$	0.00	\$	0.00	
(CRO-1310)	\$	0.00	\$	0.00	
(CRO-1315)	\$		\$	0.00	
(CRO-1420)	\$		\$	0.00	
(CRO-1320)	\$		\$		
(CRO-1510)	\$				
15, 16 and 17)	\$				
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				220.00	
(CRO-1330)	\$	0.00			EIVED MAIL
s) (CRO-1430)	\$	0.00			_
(CRO-1610)	\$	0.00		JUL L	7 2023
(CRO-1620)	\$	0.00		CABARRU BOARD OF	S COUNT
(CRO-1720)	\$	0.00			
(CRO-1710)	\$	0.00	\$	0.00	
(CRO-1440)	\$	0.00	\$	0.00	
(CRO-2220)	\$	0.00	\$	0.00	
27) 48-Hour Notice Reports Sum (CRO-2220) 28) Contributions to be Refunded (CRO-1215)			\$	0.00	
	2. Type of Re 2023 Mid Ye	2. Type of Report 2023 Mid Year Semi-An Total Reportin \$	2023 Mid Year Semi-Annual	2. Type of Report 2023 Mid Year Semi-Annual 2023 Mid Year Semi-Annual 2023 Mid Year Semi-Annual 2020 Mid Year Year Year Year Year Year Year Year	CRO-1250 S