Disclosure	Report	Cover
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Amendment	/
☐ Yes	19 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. I	D Number
Holden tor b. Mailing Address (include Cit	Kannapa	lis			
b. Mailing Address (include Cit	y, State and Zip Code)			d. I	Date Filed
803 Spruce	ood 51.			10	0/27/2023
Kannapolis 1	nc Aprol			e. F	Phone Number
2. Report Year 3. Period			End Date (mm/dd/yy)	5. Treasurer F	7 00 1 1 00 1
2023 09/2	4/2023	10/6	13/ 2023	Holder	Sides
6. Type of Committee (Ch	And the second of the second o		ort (check only on		CONTRACTOR
Candidate Campaign		Iunicipal	State/County		Perendum
PAC Independent Expenditure	Referendum Joint Fundraiser	Organizationa Thirty-five da			Organizational Pre-referendum
Legal Expense Fund	Joint Fundraiser	Pre-primary	Firs		Final
	li li	Pre-election	☐ Sec	ond	Supplemental Final
	cable, check one)	Pre-runoff	☐ Thi	d 🔲	Annual
Booster Fund		Semi-annual	Fou		Special
☐ Building Fund	Į.	Mid Yea Year End			Charial Danaut Nama
Other:	li li	Final		r End	. Special Report Name
8. Number of Fundraisers	this Report	Special	Final		
			☐ Special		
11. Account Information			11. Account Infor	mation	
a. Financial Institution Full Nar	ne		a. Financial Institution	Full Name	
Uwharrie B	onk				
b. Purpose	c. Account Code		b. Purpose	c. A	Account Code
$\wedge$	1				
Campaian	10 110 1			ļ.,	
Campaign	d. Period Begin			\$	Period Begin Balance
	\$ 730	30.99			
CERTIFICATION					
I certify that the Committee					
of the NC General Statutes a report is complete, true and					s. I further certify that this
report is complete, true and	correct and that I have	been trained by	the IVE State Board (	Licetions.	. 1 . 1 .
Holder S	ides	H	00		10/27/23
Printed Name	of Signer	Sig	nature of Appointed Tre	asurer	Date
FOR OFFICE USE ONL			LAAL		
Date Received:	10/31/2023	Emplo	yee:		ry Method
	10/27/2023		WAN		ormal Mail gistered Mail
Date Postmarked:	10,01,000	Emplo	yee:		and Delivered
Date Scanned:	10/31/2023	Emplo	yee: WAN		ectronically Filed
Date Data Entered:		Emplo	yee:	— Sig	gner has not received indatory training
Please Note: This fo	rm cannot be used to	amend comm	nittee information su	ch as the commi	ttee address, treasurer.
	istant treasurer, cust				
	nend the Statement				

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

Amendment Yes No

Use this form to summarize all disclosure reporting forms an 1. Committee Full Name (and Fund if applicable)	2. Type of		ID Number
Holder for Mannapolis	According to the Contract of t	lection	
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 730.99	\$ 730.99
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 210.00	\$ 931.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 695.39
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 Organization	(CRO-1250)	\$	s
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	s
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11	c,11d and 11e)	\$ 210.00	s 2151.39
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 516.34	s 1147.39
13b) Contributions to Candidates/Political Committee	es (CRO-1310)		\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ (0.01	\$ 14.97
15) Loan Repayments	(CRO-1420)		\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 576.39
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 522.35	s 1732.75
19) Cash on Hand at End (Add lines 4 and 12 together, then s	subtract line 18	- Contraction of the Contraction	\$ 418.60
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-1100 NC State B	(CRO-1215)	\$	\$ August 2008

		butions from 1		•	Amendment Ves No			
-	Optional form used to report NC Contributions From Individuals of \$50 or less							
1. Com	mittee Full Name (a	and Fund if applicab	ole)	2.	ID Number			
It	older tor	Kannapo	113					
3. Cont	ributor Informatio	n						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount			
Add Rem	ove	Elec. Funds Transfer		09/29/23	s 10.00			
Add Rem	ove 1	Elec. funds Transfer		10/06/23	s 50.00			
Add Rem	ove /	Elect funds Transfer		10/13/23	s 50.00			
Add Rem	ove	Cash		09/27/23	s 50.00			
Add Rem	ove 1	Cash		09/28/23	\$ 50.60			
Add Rem				10.0100	s			
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4. Tot	al only this Page	)		3	210.00			
	al of ALL CRO-			9	210 00			
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	,		2	Amendment	_/
Pg		of	0	Yes	No

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

	full Name (and Fund					2. ID Number
Holder	ſ 1/	apolis				
3. Type of Disb			0-1310	forms for o	ach type of Disbi	urcamant)
Operating Exp		ributions to Candida	A CONTRACTOR OF THE PARTY OF TH			dinated Party Expenditures
4. Payee Inform					Remove	
	Iailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments
(include city, state,	Paristic of the agreement to be before a state of the paristic transfer and the state of the sta					
Uwhan	rie Bonk			c Level Regis	stered (Specify)	
				Federal	County:	
Po Box	200			State	Municipal	lity: e. Election Sum to Date
	cle NC &					\$ 60.00
f. Account Code		h. Purpose Code		mm/dd/yyyy)	^	k. Required Remarks
(	Elec Debit	0	091	29/23	\$ 12.00	Acct. Fee
					\$	
4. Payee Inform				Add	Remove	
	ling Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, sta	ne, & zip)					
USPS	•			c. Level Regis	stered (Specify)	
400 Gi	lead Rd			Federal	County:	
400 0	, (0.0	A1 -14		State	Municipa	The state of the s
	sville NC	The same of the sa	I		I	\$ 38.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	<b>A</b> A .	k. Required Remarks
1	Debit	مك	09	29123	\$ 9.65	Postage
					\$	
4. Payee Inform				Add	Remove	
	ling Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, sta		ula Cocca a	0/4			
AGE (	Graphics 7	90 987 0	000	c. Level Regi	stered (Specify)	
F2 231	State Rout	e 248		Federal	County:	
54401	0)01/2 11001	1 - 2 - 1 2		State	Municipa Municipa	lity: e. Election Sum to Date
Long P	ottom OH	45743				\$ 570.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Elec. Debit	В	08	128/23	\$ 345.00	Campaign Signs
					\$	
5. Total only th	nis Page					\$ 366.05
	L CRO-1310 Pages					000.00
	n line 13a of Detailed Sun	mary Page CRO-11	00 if Ope	rating Expens	es)	6 EV 21
	n line 13b of Detailed Sun					, \$ 516.34
	n line 13c of Detailed Sun				Expenditures)	
	odes (List detailed					
A* - Media E - Salaries	B* - Printii F* - Equip	•		undraising litical Party		Another Candidate olding Public Office Expenses
I - Postage	J - Penalti			office Expen		onation to Legal Expense Fund
O* Other	0 2011111					on the second se
* Codes requi	re detailed explanati	on in required	remarks	s field (k)		

Dis	bursement	S
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Pg	2	of	2	Amendmen Yes	t No
				hard a state of the state of the state of	and refer to the second control of the second control of the

Disbursements					Yes	
Use this form to report expenditures from the committee for operati	ing expense	s, contr	ibutio	ons to c	andidate/	political
committees and coordinated party expenditures					-	
1. Committee Full Name (and Fund if applicable)				2.	D Numb	er
11 6 0 1/						

1. Committee I	Full Name (and Fun	d if applicable)				2. ID Number
Holde	n for 14	annaoli				*
3. Type of Dish		use separate Ch		forms for e	each type of Dist	bursement.)
Operating Exp	penses	tributions to Candida	ates/Politic	al Committees	Coc	ordinated Party Expenditures
4. Payee Inform				Add	Remove	
	Iailing Address & Ph	one		b. Coordinat	ed Committee Nam	d. Comments
include city, state	, & zip)					
Office	1H 00+			c. Level Regi	stered (Specify)	
	n mailite	Trail		Federal	County:	
6600 V	lorin I illing	9 11011		State	☐ Municipa	
Booa Ro	Depot Jorn Milite Aton FL 3	3496	_			\$ 299.38
f. Account Code	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)		k. Required Remarks
	Ekc. Debit	13	1010	3123	\$ 149.69	Door Hingers
					\$	,
4. Payee Inform	mation			Add	Remove	
	ling Address & Phone				ed Committee Nam	e d. Comments
(include city, sta	ate, & zip)					
				Federal State	stered (Specify)  County:  Municip	ality: e. Election Sum to Date
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	nm/dd/yyyy)	j. Amount	k. Required Remarks
Treesday Code	g-rorm or raymon		Ti Date (		s	
		-	-			
					\$	
1. Payee Inform				Add	Remove	
i. Full Name, Mai (include city, sta	ling Address & Phone ate, & zip)				istered (Specify)  County:	d. Comments
				State	☐ Municip	ality: e. Election Sum to Date
						\$
. Account Code	g. Form of Payment	h. Purpose Code	i Data (	nm/dd/yyyy)	j. Amount	k. Required Remarks
. Account Code	g. Form of Fayment	III arpose code	I. Date (	min aday jiji	\$	la redance remains
		<del> </del>	-		ļ .	
					\$	
5. Total only tl	his Page					\$ 149.69
(This line goes in (This line goes in (This line goes in	L CRO-1310 Pages in line 13a of Detailed Sun in line 13b of Detailed Sun in line 13c of Detailed Sun Notation (Line 14c)	nmary Page CRO-11 nmary Page CRO-11	100 if Con 100 if Coo	trib to Candid rdinated Party	lates/Political Comn	\$ 149.69 \$ 516.34
	Codes (List detailed				D 75-	Another Candidate
A* - Media E - Salaries I - Postage O* Other * Codes requi	B* - Printi F* - Equip J - Penalti re detailed explanat	ment ies	G - Pol K* - O	undraising litical Party office Expen	H* - H	Another Candidate  Iolding Public Office Expenses  Jonation to Legal Expense Fund

Aggregated	Non-Media	<b>Expenditures</b>
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. 1	Amendment	
Page of	Yes No	

ptional	form	used	to	report	NC	Non-	Media	Exi	enditures	of	\$50	or	less.
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1. Commit	lee Full Name (a	nd Fund if applical	ble)		2. ID Number		
Hol	du for	Kunnapo	13				
3. Payee In	formation						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
Add Remove	1	Elec. Debit	C	10/01/23	\$6.01	Online fundroising	
Add Remove					\$	On	
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Add			1		\$	-	
Remove							
4. Total	only this Page				\$ 6.01		
	of ALL CRO-		s 6.01				
6. Purpose Codes (List detailed expenditure code in (d) above)							
B* - Printing C* - Fundraising D - To Anot E - Salaries F* - Equipment G - Political Party H* - Holdin							
E - Salar I - Posta		Equipment Penalties	- Holding Public				
I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense Fund O* - Other							
* Codes require detailed explanation in required remarks field (g)							



Retail

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Holden Sides
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Board of Elections

Po Box 1315 Concord Nc 28026-1315

Label 228, March 2016

FOR DOMESTIC AND INTERNATIONAL US