

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	c. ID Number
COMMITTEE TO ELECT LAURA BLACKWELL LINDSEY	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
PO BOX 8133 CONCORD, NC 28027	01/08/2025
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	10/20/2024	12/31/2024	LAURA BLACKWELL LINDSEY

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
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<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
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth
<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
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
0		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		10. Special Report Name	

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
PINNACLE BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FUND	L1		
	d. Period Begin Balance		d. Period Begin Balance
	\$		\$

RECEIVED
IN-PERSON
JUL 14 2025
CABARRUS COUNTY
BOARD OF ELECTIONS

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

Barbara Strang Printed Name of Signer Barbara Strang Signature of Appointed Treasurer 07/13/2025 Date

FOR OFFICE USE ONLY

Date Received: 7/14/25 Employee: WAN Delivery Method ☐ Normal Mail

Date Postmarked: _____ Employee: _____ ☐ Registered Mail

Date Scanned: 7/14/25 Employee: WAN ☒ Hand Delivered

Date Data Entered: _____ Employee: _____ ☐ Electronically Filed

☐ Signer has not received 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.