Amendment

Disclosure Report Cover

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 CHRIS MEASMER								
b. Mailing Address (include City, State and Zip Code)								d. Date Filed
PO BOX 8133 CONCORD, NC 28027								07/12/2025
CONCORD, NC 28027  JUL 1 6 2025							e. Phone Number	
NC STATE BOARD OF ELECTIONS								
2. Report Year 3. Period Start Date (mm/dd/yy)				4. Period End Date (mm/dd/yy) 5. Treasur			er Full Name	
2025 01/01/2023		.,	06/30/2025 COMI			TEE TO ELECT CHRIS		
6. Type of Committee (Check One)				pe of Report (check only one type of rep				
X Candidate Cam	ty	Munic			State/County	71 7 1	Referendum	
☐ Joint Fundraiser ☐ PA		.c		Organizational		☐ Organizational		☐ Organizational
		gal Expense Fund		Thirty-five day		Quarterly		☐ Pre-referendum
7. Type of Fund	(if applicable			Pre-primary	ary  First			☐ Final
☐ "Booster Fund"			Pre-election	·  [	Second		☐ Supplemental Final	
☐ Building Fund	☐ Pre-runoff		Third			Annual		
Presidential Ele			Semi-annua	_			☐ Special	
■ NC Public Cam	1=			fid Year Semi-ann				
C Other	Year F					10. Special Report Name		
Other:				Final Special		Year E	na	
8. Number of Fundraisers this Report				Special	ļ.	=		
0 Special								
3. Account Information 3. Account Information								
a. Financial Institution Full Name					a. Financial Institution Full Name			
COMMITTEE TO ELECT CHRIS MEASMER					CARAPRIS COUNTY			
b. Purpose c. Account Code			e	b. Purpose		LECTION	c. Account Code	
CANDIDATE EXPENSES			3	30	AUC A	2:000	<b>1</b>	
		d. Period Begin	ce	AUG 0.8		5 2025	d. Period Begin Balance	
		\$						\$
		L				RECEI	VED	
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 Signature				Bark		Straz	Surer	07/13/2025 Date
Printed Name of Signer Signature of Appointed Treasurer Date  FOR OFFICE USE ONLY								
Delivery Method								
Date Received: 07/10/25				Emplo	yee: _	KJ		Normal Mail
Date Postman	rked: O	7/14/25	_	Emplo	yee: _	NOS	-	Registered Mail Hand Delivered Electronically Filed
Date Scanned	d:	1.18.0	_	Emplo	yee: _	0)	- "	
Date Data En	tered:		_	Emplo	yee: _			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-F) to make committee changes								



CHARLOTTE NC LPC 281 14 JUL 2025 PM 3 L

Barbara Strang 1332 Winecoff School Rd. Concord, NC 28027 ne Board of Elections P. O. Box 27255 Ratery, no 27611-7255