

# 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.

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
James IRVING NEAL		ICG M4L	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
484 Buckhurst Dr. Kearneysville NC 27284		8/1/22	
		e. Phone Number	
		336 46 3437	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	01/01 2022	06/30 2022	JAMES IRVING NEAL
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>	
0			
<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Fidelity Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign	IN 2019		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$
<b>CERTIFICATION</b>			
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 of Elections.			
JAMES IRVING NEAL		James Irving Neal	
Printed Name of Signer		Signature of Appointed Treasurer	
		8/1/22	
		Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	Employee:	<b>Delivery Method</b>	
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail	
Date Scanned:	Employee:	<input type="checkbox"/> Registered Mail	
Date Data Entered:	Employee:	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> 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.			