Amendment

 Disclosure Report Cover
 Amendment

 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.

a. Full Name c. ID Number RE-ELECT SHERIFF BOBBY KIMBROUGH RPORT FIED 232+2227-2722 b. Multing Address (Include City, State and Zip Code) ELECIRD/ILLY d. Date Filed 780 BROAD ST. SEE SILE Wishing 0707/2022 222 05/01/2022 06/30/2022 J. SMALL 20. Candidate Campaign Party Heriot Party StateCounty Referendum 20. Candidate Campaign Party 9. Type of Report (Check only one type of report from one category) 30. Candidate Campaign Party Party StateCounty Referendum 30. Candidate Campaign Party Party Organizational Organizational Pre-referendum 30. Candidate State PAC Pre-referendum Pre-referendum Pre-referendum Pre-referendum 31. Michael State PAC Pre-referendum StateCounty Referendum Special 32. Account Information 3. Account Information	1. Committee Information					A DUNE OF	n", 135,			
Mailing Address (include City, State and Zip Code) ILECRIMINGLIT d. Date Filed 7880 BROAD ST. SE STATE WESTIF 0. Date Filed 07/07/2022 202 05/01/2022 06/30/2022 T SMALL 202 05/01/2022 06/30/2022 T SMALL 6. Type of Committee (Check Onc) 9. Type of Report (check only one type of report from one category) 202 05/01/2022 06/30/2022 T SMALL 6. Type of Committee (Check Onc) 9. Type of Report (check only one type of report from one category) 203 Candanc campaign Party 204 Organizational Organizational 205 Pre-efficitie 0 206 State?County Referendum 201 Party Pre-efficitie State?County 202 Officitie Pre-efficitie 203 State?County First State?County 204 Pre-efficitie State?County Pre-efficitie 205 Pre-efficitie State?County State?County 206 Pre-efficitie Special State?County 20 Coher: Special <	a. Full Name							c. ID Nu	mber	
7880 BROAD ST. SEE STATE WEBSITE FOR COMPLETE REPORT WWW.NCSBE.60V 07/07/2022 2. Report Year 3. Period Start Date (mm/ddyy) 4. Period End Date (mm/ddyy) 5. Tressurer Pull Name 2022 05/01/2022 06/30/2022 1T SMALL 2023 05/01/2022 06/30/2021 1T SMALL 2024 05/01/2022 06/30/2021 1T SMALL 2025 05/01/2022 06/30/2021 1T SMALL 2026 Canddate Campaign Party Minicipal Organizational 2027 OF Fund (Crearedate Campaign) Party Minicipal Organizational 2028 OF Fund (Crearedate Campaign) Party Pre-primary Pre-referendam 2029 Of Fund (Crearedate Sama) Pre-primary Pre-referendam Second 2020 Other: Pre-primary Pre-referendam Second Second Second Second Sepecial 2021 Vear End Mid Year Second	RE-ELECT SHERIFF BOBE	Y KIMBROU	GH			REPORT FILED)	222-	-222222-2-2222	
RURAL HALL, NC 27045 FIR COMPLET RENT WWW.NCSBE.60V 0.7007/2022 2. Report Year 3. Period Start Date (mm/ddyy) 4. Period End Date (mm/ddyy) 5. Treasurer Full Name 2022 05/01/2022 06/30/2022 JT SMALL 6. Type of Committee (Check One) 9. Type of Report (check only one type of renort from one category) Maintegal Bate/Compage Progenizational Organizational 0. Compared Compage Legal Expense Fund Thirty-five day Prevention 1 boots Fund Upgentizational Organizational Organizational 1 Prevention Second Second Second 1 Building Fund Prevention Final Second Special 1 Norther of Fundratisers this Report Special Special Special 0 Other: Special Special Special Special 3. Account Information 3. Account Information Scond Special Special 0 Special Basinee Scond Special Special Special 3. Account Information S. Account Code Special Special Special Special						ELECTRONICALLY			Filed	
RORAL HALL, NC 27045 FOR COMPLETERDON e. Phone Number 222 05701/2022 06730/2022 JT SMALL 202 05701/2022 06730/2022 JT SMALL 202 05701/2022 06730/2022 JT SMALL 203 05701/2022 06730/2022 JT SMALL 203 05701/2022 06730/2022 JT SMALL 203 Candiats Compain Party Municipal State/County Referendam 203 Propertion Organizational Organizational Organizational Pre-referendam 2040 Provide Fund Organizational Pre-referendam Pre-referendam Pre-referendam 20500 Provide Compaint Final Pre-referendam Pre-referendam Pre-referendam 20500 Pre-referendam Pre-referendam Pre-referendam Pre-referendam <td></td> <td></td> <td colspan="3">SEE STATE WEBSITE</td> <td>(</td> <td>7/07/2022</td>			SEE STATE WEBSITE			(7/07/2022			
WWW.NCSEL.60V e. Priod Start Date (nm/dd/yy) 4. Period End Date (nm/dd/yy) 5. Treasurer Pull Name 2022 05/01/2022 06/30/2022 JT SMALL 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) 8. Combined and the comparison of the compa	RURAL HALL, NC 27045			FOR COMPLETE REPORT						
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2022 05/01/2022 06/30/2022 JT SMALL 6. Type of Committee (Check One) 9. Type of Report (chack only one type of report from one category) State/County Referendum Organizational Organizational 0 duit fundator PAC Organizational Organizational 1 Thirty five day First First Final 1 "Booster Fund" Pre-remoding First Final 1 "Booster Indiang Fund Pre-remodif Thirty five day Second 1 Presidential Election Year Candidates Fund Mei Year Second Special 0 other Enal Mid Year Mid Year 10. Special Report Name 0 other Special Special Special Special 0 3. Account Information 3. Account Information 3. Account Information 3. Account Code CHECKING ACCOUNT 1 Image: Special Balance S G G 3. Account Information Pull Name S G 3 12 - 14/4 S G G Deriod Begin Bala								e. Phon	e Number	
2022 05/01/2022 06/30/2022 IT SMALL 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Party Monifelpal State/County Referendum Doint Fundriser PAC Organizational Organizational Organizational Presidential Fund Logal Expense Fund Preselection Preselection Second Sepond Presidential Flection Year Candidates Fund NC Public Campaign Financing Fund Second Sepoint Annual Presidential Flection Year Candidates Fund Monifer Third Annual Special Second Special 0 Ne Public Campaign Financing Fund Year End Final Special Special Special Special 0 Account Information 3. Account Information 3. Account Information Second Special						3444.110001.01				
2022 05/01/2022 06/30/2022 IT SMALL 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Party Monicipal State/County Referendum Doint Fundriance PAC Organizational Organizational Organizational Doint Fundriance Logal Expense Fund Organizational Organizational Organizational Presidential Election Year Candidates Fund Pre-relection Second Septemental Final Presidential Election Year Candidates Fund Semi-annual Second Sepcial NC Public Campaign Financing Fund Year End Year End Mult Year Other: Bardidin Statuton Fundraisers this Report Special Special Io. Special Report Name 8. Number of Fundraisers this Report Special Special Special Io. Special Report Name 8. Account Information 3. Account Information 3. Account Information Account Information Account Code 8. Purpose c. Account Code b. Purpose c. Account Code C. Account Code CHECKING ACCOUNT 1 Gerend Begin Balance	2. Report Year 3. Period Star	rt Date (mm/dd/	yy)	4. Period	End Dat	te (mm/dd/vv)	5. Treas	urer Full	Name	
6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) 20 Candidate Campaign Party Municipal State/County Referendum 21 Organizational Organizational Organizational Organizational Organizational 21 Organizational Organizational Organizational Organizational Organizational 22 Organizational Organizational Organizational Organizational Organizational 23 Organizational Preselection Second First Final 24 Diality Fund Preselection Second Second Second 25 Organizational Organizational Organizational Organizational 36 Other: Second Second Second Second 37 New Proof Fundratisers this Report Second Second Second Second 40 Second Second Second Second Second Second 40 Account Information Second							· · · · · · · · · · · · · · · · · · ·	Mini Michaelen (Marine)		
21 Candidate Campaign Party Nunicipal State/County Referendum Joint Fundraiser PAC Organizational Organizational Organizational Organizational 'Booter Fund (I/applicable, check.one) Pre-primary First Binding Fund Pre-referendum 'Booter Fund (I/applicable, check.one) Pre-primary First Second Supplemental Final 'Booter Fund Ware Candidates Fund Pre-relection Second Supplemental Final Presidential Election Year Candidates Fund Mit Year Final Secoid IO. Special Report Name Other: Final Secoid Final Secoid IO. Special Report Name 0 Final Secoid Final Secoid IO. Special Report Name 0 Secoid Final Secoid IO. Special Report Name 0 Account Information S. Account Information Secoid IO. Special Report Name 0 Referendum Secoid Secoid IO. Special Report Name 0 Account Information S. Account Information Secoid IO. Special Report Name			10 75							
Joint Fundraiser PAC Organizational Organizational Organizational Referendam Legal Expense Fund Thirty-five day Pre-referendam Pre-referendam "Booster Fund" Pre-referendam First Final Supplemental Final "Booster Fund" Pre-referendam First Final Supplemental Final Pre-sidential Election Year Candidates Fund Mid Year Mid Year Mid Year Secoid Other: Building Fund Pre-sidential Boost Fund" Secoid Supplemental Final Annual Number of Fundraisers this Report 0 Secoid Secoid Secoid Secoid Account Information S. Account Information Secoid Secoid Secoid Secoid Account Information S. Account Information Secoid Secoid Secoid Secoid Account Information S. Account Information Secoid Secoid Secoid Secoid Account Information S. Account Information Secoid Secoid Secoid Secoid Secoid Secoid Secoid Secoid Secoid Secoid							type of re		ALLAN AND AND AND AND AND AND AND AND AND A	
Referendum Legal Expense Fund Thirty-five day Quarterly Pre-referendum PBooster Fund* Pre-referendum First First First PBooster Fund* Pre-referendum Semi-annual Sepolemental Final NC Public Campaign Financing Fund NC Public Campaign Financing Fund Number of Fundraiseers this Report Semi-annual Semi-annual NC Public Campaign Financing Fund Year End Mid Year IO. Special Report Name S. Number of Fundraiseers this Report Special Final Special 0 Special Final Special IO. Special Report Name 0 Special Final Special IO. Special Report Name 0 Special Final Special IO. Special Report Name 0 Special Special Io. Special Report Name 0 Special Institution Full Name Special 0 Special Institution Full Name Special 0 Propose c. Account Code Purpose c. Account Code CHECKING ACCOUNT 1 Institution Full Name Special Report Name Spe							nal		transmitte the strength	
I type of Fund (I applicable, check one) Pre-primary First First Final "Booster Fund" Second Second Septemental Final Supplemental Final Pre-election Second Mid Year Second Supplemental Final Pre-election Second Mid Year Mid Year Second Supplemental Final Other: Simi-annual Mid Year Mid Year Mid Year Mid Year Second Special				-	I		mai			
Booster Fund Pre-election Second Supplemental Final Building Fund Pre-runoff Third Annual Presidential Election Year Candidates Fund Mid Year Semi-annual Special NC Public Campaign Financing Fund Mid Year Mid Year Semi-annual Special 10. Special Report Name 0 Special Final Special 10. Special Report Name 8. Number of Fundraisers this Report Special Final Special 10. Special Report Name 8. Account Information 3. Account Information S. Account Information Second Special 8. Purpose c. Account Code b. Purpose c. Account Code Cheriod Begin Balance 9. Purpose c. Account Code b. Purpose c. Account Code Special CHECKING ACCOUNT 1 d. Period Begin Balance Special Special Special CAperiod Begin Balance S 6,812.''4' Special Special Special 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 probibited or other non-disclosed funds. I furth				-	. 1					
Building Fund Pre-tunoff Third Annual Pre-tunoff Semi-annual Fourth Semi-annual Secial NC Public Campaign Financing Fund Wid Year Mid Year 10. Special 10. Special Report Name Other: Other: Special Final Special 10. Special Report Name Account Information Special Special Special Special Special Annual Special Special Special Special Special Special Account Information SAccount Information Second Code Special Special Special Account Information Second Code b. Purpose c. Account Code Special Special Approve c. Account Code b. Purpose c. Account Code Special Special CHECKING ACCOUNT 1 d. Period Begin Balance Special Special Special 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 MID Specine Specine D	Contraction of the second s	ic, eneck one)		-	· · · · · ·					
Presidential Election Year Candidates Fund Semi-annual Fourth Special NC Public Campaign Financing Fund Mid Year Mid Year Mid Year Other: Final Year End Mid Year IO. Special Report Name S. Number of Fundraisers this Report Special Special IO. Special Report Name S. Account Information S. Account Information Special IO. Special Report Name B. Brancial Institution Full Name a. Financial Institution Full Name Image: Report Name B. Purpose c. Account Code b. Purpose c. Account Code CHECKING ACCOUNT 1 Image: Report Name Image: Report Name FOR COMMITTEE 1 Image: Report Name Image: Report Name CHECKING ACCOUNT 1 Image: Report Name Image: Report Name FOR COMMITTEE 1 Image: Report Name Image: Report Name CHECKING ACCOUNT 1 Image: Report Name Image: Report Name FOR COMMITTEE 1 Image: Report Name Image: Report Name CHECKING ACCOUNT 1 Image: Report Name Image: Report Name COROMITTEE 1										
NC Public Campaign Financing Fund Mid Year Semi-annual 10. Special Report Name Other: Year End Mid Year 10. Special Report Name S. Number of Fundraisers this Report Special Mid Year 10. Special Report Name S. Number of Fundraisers this Report Special Special 10. Special Report Name S. Account Information Special Special 10. Special Report Name R. Mancial Institution Full Name A. Financial Institution Full Name Second Code Special Re-ELECT SHERIFF BOBBY KIMBROUGH Second Code Second Code Second Code A Purpose C. Account Code Second Code Second Code CHECKING ACCOUNT 1 Second Code Second Code CHECKING ACCOUNT 1 Second Code Second Code CHECKING ACCOUNT 1 Gerid Begin Balance Gerid Begin Balance S G, & I ? ''' Second Code Second Code Second Code CHECKING ACCOUNT 1 Gerid Begin Balance Gerid Begin Balance S G, & I ? ''' Second Code Second Code Second Code CHECKING ACCOUNT I Certify that thi										
Other: Year End Mid Year 10. Special Report Name Number of Fundraisers this Report Special Final Year End Final 0 Special Final Special Final Special Final 0 Special Special Final Special Fin					I	-	1		141	
Other: Final Year End Soundber of Fundraisers this Report Special Final 0 Special Final 0 Special Special Financial Institution Full Name Special Special Purpose C. Account Information Secont Information Purpose C. Account Code b. Purpose C. Account Code CHECKING ACCOUNT 1 General Special General Special CHECKING ACCOUNT 1 General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further 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 Jore Date Name of Signer<							10 5	oial Doppert Name		
B. Number of Pundraisers this Report Special Final 0 Special Special B. Account Information Second Second B. Mancial Institution Full Name Second Second Reaction Full Name Second Second Second B. Purpose c. Account Code b. Purpose c. Account Code CHECKING ACCOUNT 1 Second Second GR COMMITTEE 1 Second Second d. Period Begin Balance Second Second Second S G, 312 ''4' Second Second Second 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 JT Second Second Of/07/2022 Printed Name of Signer Signature of Appointed Treasurer Date OR OFFICE USE ONLY Enployee: Date Registered Mail Date Postmarked: Employee: Disigner has not received madatory training	Other:							ro. spe	cial Report Ivame	
0 Special 2. Account Information 3. Account Information 3. Financial Institution Full Name a. Financial Institution Full Name Be FELECT SHERIFF BOBBY KIMBROUGH a. Financial Institution Full Name Be Purpose c. Account Code CHECKING ACCOUNT 1 COMMITTEE d. Period Begin Balance S 6, 212 · ¹⁴ CERTIFICATION 1 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 DT Signature of Appointed Treasurer 07/07/2022 Printed Name of Signer Signature of Appointed Treasurer Date Date Received: Employee: Delivery Method Date Received: Employee: Delivered Mail Date Scanned: Employee: Signer has not received mandatory training Date Eateneed: Employee: Signer has not received mandatory training		Report					ile ile			
Account Information 3. Account Information Brancial Institution Full Name a. Financial Institution Full Name RE-ELECT SHERIFF BOBBY KIMBROUGH a. Financial Institution Full Name A. Purpose c. Account Code CHECKING ACCOUNT 1 FOR COMMITTEE a. Period Begin Balance S 6, 212 · 14 Begin Balance s S 6, 212 · 14 S 5 CERTIFICATION 1 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 JT Summe Printed Name of Signer Signature of Appointed Treasurer OT/07/2022 Signature of Appointed Treasurer Date OR OFFICE USE ONLY Employee: Date Received: Date Postmarked: Employee: Date Date Data Entered: Employee: Signer has not received madatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books		/ Autoport		-1		=				
Financial Institution Full Name a. Financial Institution Full Name RE-ELECT SHERIFF BOBBY KIMBROUGH										
RE-ELECT SHERIFF BOBBY KIMBROUGH c. Account Code b. Purpose c. Account Code S. Purpose c. Account Code b. Purpose c. Account Code CHECKING ACCOUNT FOR COMMITTEE 1 d. Period Begin Balance d. Period Begin Balance d. Period Begin Balance d. Period Begin Balance d. Period Begin Balance s S G, 812 ''4 s s 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 JT S 07/07/2022 Printed Name of Signer Signature of Appointed Treasurer 07/07/2022 Date Date Normal Mail Date Postmarked: Employee: Delivery Method Date Scanned: Employee: Electronically Filed Date Data Entered: Employee: Signer has not received mandatory training Plcase 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.			13.15					2	200	
Durpose c. Account Code b. Purpose c. Account Code CHECKING ACCOUNT FOR COMMITTEE 1 d. Period Begin Balance d. Period Begin Balance d. Period Begin Balance d. Period Begin Balance d. Period Begin Balance s 6,812.''4 s CERTIFICATION Icertify 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 JT Signature of Appointed Treasurer 07/07/2022 Printed Name of Signer Signature of Appointed Treasurer Date OOR OFFICE USE ONLY Employee: Delivery Method Date Received: Employee: Delivery Method Date Received: Employee: Delivered Mail Date Scanned: Employee: Disgner has not received mandatory training Date Data Entered: Employee: 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. <td></td> <td></td> <td>111</td> <td></td> <td>a. Fina</td> <td>ncial Institutio</td> <td>on Full Na</td> <td>ame</td> <td>13</td>			111		a. Fina	ncial Institutio	on Full Na	ame	13	
CHECKING ACCOUNT 1 Image: Comparison of the complete 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 Image: Comparison 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 Image: Comparison 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 Image: 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 Image: 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 Image: 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 Image: 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. The source of Appointed Treasurer Imate Postmarked: Employee:								1	1	
FOR COMMITTEE Image: Complete the committee of the committee o		c. Account Code			b. Purpose			c. Accou	nt Code	
S 6,812 ¹⁴ S 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 Delivery Show 07/07/2022 Printed Name of Signer Signature of Appointed Treasurer 07/07/2022 Date Received: Employee: Delivery Method Date Scanned: Employee: Disting Signer has not received Date Data Entered: Employee: Signer has not received Printed Name of buse do amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.							1	- 22		
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		d. Period Begin	ce				d. Perio	d. Period Begin Balance		
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 Image: Statute of Appointed Treasurer 07/07/2022 Printed Name of Signer 07/07/2022 Date Received: Employee: Image: Date Postmarked: Employee: Date Scanned: Employee: Date Data Entered: Employee: Image: Date 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.		\$ 6.81		7			\$			
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 JT S 07/07/2022 Printed Name of Signer 07/07/2022 Date 07/07/2022 Date Delivery Method Date Received: Employee: Date Postmarked: Employee: Date Scanned: Employee: Date Data Entered: Employee: Date Data Entered: Employee: Date Data Entered: Employee: Date Scanned: Employee: Date Data Entered: Employee: Date Signer has not received mandatory training	TEDTIERCATION								tionalties	
FOR OFFICE USE ONLY Date Received: Employee: Delivery Method Date Postmarked: Employee: Normal Mail Date Scanned: Employee: Employee: Date Data Entered: Employee: Employee: Date Scanned: Employee: 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.	I certify that the Committee Chapter 163 of the NC Gener funds. I further certify that JT Smul	ral Statutes and this report is co 1	that no	funds are true and c	commir orrect a	ngled with prol nd that I have	hibited or been trai	r other nor ned by the	n-disclosed e NC State Board 07/07/2022	
Date Received. Employee: Imployee: Imployee:<	FOR OFFICE USE ONLY			0						
Date Received. Imployee: Imployee:<				E. 1			D	Delivery Mo	ethod	
Date Postmarked: Employee: Registered Mail Date Scanned: Employee: Hand Delivered Date Data Entered: Employee: 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. Signer has not received mandatory training	Date Received:	Emplo			vee.					
Date Fostmarked. Imployee: Imploye:	Date Doctmonted	17.4								
Date Scanned: Employee: Employee: Electronically Filed Date Data Entered: Employee: 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.			Employee: _			D		_		
Date Data Entered: Employee: 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. Signer has not received mandatory training	Date Seenned	T								
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.	Date Scanned:		-	Employ	yee: -		-			
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.	Date Data Entered			Employ	vee:		Signer has not received			
assistant treasurer, custodian of books information, or account information.			-	Linno.	,00, _		-	mandate	ory training	
assistant treasurer, custodian of books information, or account information.	Please Note: This form c	annot be used f	to amen	d committe	e infor	nation such as	s the com	mittee add	ress, treasurer,	
You must amend the Statement of Organization (CPO 2100A E) to make committee above as										
Tou must amend the statement of Organization (CKO-2100A-E) to make committee changes.	You must amen	d the Statement	t of Org	anization (CRO-21	00A-E) to mak	e commit	tee change	es.	