

# 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.

RCQ  
IT1

REPORT FILED  
ELECTRONICALLY  
SEE STATE WEBSITE  
FOR COMPLETE REPORT  
WWW.NCSBE.GOV

<b>1. Committee Information</b>				
<b>a. Full Name</b>			<b>c. ID Number</b>	
RE-ELECT SHERIFF BOBBY KIMBROUGH			222-222222-2-222	
<b>b. Mailing Address (include City, State and Zip Code)</b>			<b>d. Date Filed</b>	
7880 BROAD ST. RURAL HALL, NC 27045			07/19/2023	
			<b>e. Phone Number</b>	
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>	
2023	01/01/2023	06/30/2023	JT SMALL	
<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		<b>Municipal</b>		
<input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC		<input type="checkbox"/> Organizational		
<input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<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 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>		<b>State/County</b>		
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Organizational		
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Quarterly		
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> First		
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Second		
		<input type="checkbox"/> Third		
		<input type="checkbox"/> Fourth		
		<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>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>		
0				
<b>3. Account Information</b>				
<b>a. Financial Institution Full Name</b>				
RE-ELECT SHERIFF BOBBY KIMBROUGH				
<b>b. Purpose</b>		<b>c. Account Code</b>		
CHECKING ACCOUNT FOR COMMITTEE		1		
		<b>d. Period Begin Balance</b>		
		\$ 26.71		
<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				
<u>JT Small</u>		<u>[Signature]</u>		07/19/2023
Printed Name of Signer		Signature of Appointed Treasurer		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.				