

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 |
| RE-ELECT SHERIFF BOBBY KIMBROUGH | | 222-222222-2-222 |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed |
| 7880 BROAD ST. RURAL HALL, NC 27045 | | 12/22/2023 |
| | | e. Phone Number |
| | | |

REPORT FILED
ELECTRONICALLY
SEE STATE WEBSITE
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WWW.NCSBE.GOV

RCQ
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| | | | |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2023 | 07/01/2023 | 12/22/2023 | JT SMALL |

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

| | | | |
|------------------------------------|-------------------------|------------------------------------|-------------------------|
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| RE-ELECT SHERIFF BOBBY KIMBROUGH | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| CHECKING ACCOUNT FOR COMMITTEE | 1 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 25.61 | | \$ |

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 Small
Printed Name of Signer


Signature of Appointed Treasurer

12/22/2023
Date

FOR OFFICE USE ONLY

| | | |
|--------------------|-----------|---|
| Date Received: | Employee: | Delivery Method |
| | | <input type="checkbox"/> Normal Mail |
| Date Postmarked: | Employee: | <input type="checkbox"/> Registered Mail |
| | | <input type="checkbox"/> Hand Delivered |
| Date Scanned: | Employee: | <input type="checkbox"/> Electronically Filed |
| | | <input type="checkbox"/> Signer has not received mandatory training |
| Date Data Entered: | Employee: | |
| | | |

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.