# 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 |
|---|---|
| MARK PLESS FOR NC HOUSE | STA-0R83V2-C-001 |
| **b. Mailing Address (include City, State and Zip Code)** | **d. Date Filed** |
| 79 OSBORNE RIDGE RD<br>CANTON, NC 28716 | 01/27/2022 |
| | **e. Phone Number** |

RECEIVED
JAN 28 REC'D
STATE BOARD OF ELECTIONS

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|---|---|---|---|
| 2021 | 07/01/2021 | 12/31/2021 | STEVEN MARK PLESS |

**6. Type of Committee** (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

**7. Type of Fund** *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

**8. Number of Fundraisers this Report**

2

**9. Type of Report** *(check only one type of report from one category)*

| Municipal | State/County | Referendum |
|---|---|---|
| ☐ Organizational | ☐ Organizational | ☐ Organizational |
| ☐ Thirty-five day | Quarterly | ☐ Pre-referendum |
| ☐ Pre-primary | ☐ First | ☐ Final |
| ☐ Pre-election | ☐ Second | ☐ Supplemental Final |
| ☐ Pre-runoff | ☐ Third | ☐ Annual |
| Semi-annual | ☐ Fourth | ☐ Special |
| ☐ Mid Year | Semi-annual | |
| ☐ Year End | ☐ Mid Year | **10. Special Report Name** |
| ☐ Final | ☒ Year End | |
| ☐ Special | ☐ Final | |
| | ☐ Special | |

**3. Account Information**

| a. Financial Institution Full Name | | b. Purpose | c. Account Code |
|---|---|---|---|
| FIRST CITIZENS BANK | | CAMPAIGN FINANCE | 2830 |
| | | | **d. Period Begin Balance** |
| | | | $ 700.52 |

**3. Account Information**

| a. Financial Institution Full Name | | b. Purpose | c. Account Code |
|---|---|---|---|
| | | | |
| | | | **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

Steven mark Pless — Printed Name of Signer

Steven Mark Pless — Signature of Appointed Treasurer

01/27/2022 — Date

**FOR OFFICE USE ONLY**

| | | | |
|---|---|---|---|
| Date Received: | 1/28/22 | Employee: | |
| Date Postmarked: | | Employee: | |
| Date Scanned: | 2/1/22 | Employee: | |
| Date Data Entered: | | Employee: | |

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☒ Electronically Filed

☐ 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-E) to make committee changes.