

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 COMMITTEE TO ELECT BETH STREET	c. ID Number STA-S38XH0-C-001
b. Mailing Address (include City, State and Zip Code) P.O. BOX 1911 CONCORD, NC 28026	d. Date Filed 02/17/2026
e. Phone Number	

2. Report Year 2026	3. Period Start Date (mm/dd/yy) 01/01/2026	4. Period End Date (mm/dd/yy) 02/14/2026	5. Treasurer Full Name SARAH ELIZABETH STREET
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign	☐ Party	Municipal	State/County
☐ Joint Fundraiser	☐ PAC	☐ Organizational	☐ Organizational
☐ Referendum	☐ Legal Expense Fund	☐ Thirty-five day	☐ Quarterly
7. Type of Fund (if applicable, check one)		☐ Pre-primary	☒ First
☐ "Booster Fund"		☐ Pre-election	☐ Second
☐ Building Fund		☐ Pre-runoff	☐ Third
☐ Presidential Election Year Candidates Fund		☐ Semi-annual	☐ Fourth
☐ NC Public Campaign Financing Fund		☐ Mid Year	☐ Semi-annual
☐ Other:		☐ Year End	☐ Mid Year
8. Number of Fundraisers this Report 0		☐ Final	☐ Year End
		☐ Special	☐ Final
			☐ Special
		10. Special Report Name	

3. Account Information		3. Account Information	
a. Financial Institution Full Name WELLS FARGO		a. Financial Institution Full Name VENMO	
b. Purpose RECIEPTS AND DEPOSITS	c. Account Code 1	b. Purpose DEPOSITS - CONTRIBUTIONS	c. Account Code 2
d. Period Begin Balance \$ 2,387.44		d. Period Begin Balance \$ 0.00	

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

Sarah Elizabeth Street SE Street 02/17/2026
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 2/23/26 Employee: CC

Date Postmarked: 2/19/26 Employee: CC

Date Scanned: 2/24/26 Employee: BR

Date Data Entered: _____ Employee: _____

Delivery Method

☒ Normal Mail

☐ Registered Mail

☐ Hand Delivered

☐ Electronically Filed

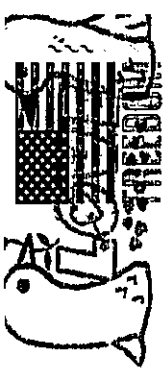
☐ Signer has not received mandatory training

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.

217611
PO Box 1911
Concord, NC
28026

CHARLOTTE NC LPC 281
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NC State Board of Elections
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