

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 CHRIS BISHOPP		c. ID Number STA-4030X0-C-001	
b. Mailing Address (include City, State and Zip Code) PO BOX 601 HARRISBURG, NC 28075		d. Date Filed 07/10/2026	
		e. Phone Number 704-467-2785	
2. Report Year 2026	3. Period Start Date (mm/dd/yy) 02/15/2026	4. Period End Date (mm/dd/yy) 06/30/2026	5. Treasurer Full Name BRANDON BISHOPP
6. Type of Committee (Check One) ☒ Candidate Campaign ☐ Party ☐ PAC ☐ Referendum ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Legal Expense Fund		9. Type of Report (check only one type of report from one category)	
7. Type of Fund (if applicable, check one) ☐ Booster Fund ☐ Building Fund ☐ Other:		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	State/County ☐ Organizational Quarterly ☐ First ☒ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special
		Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special	
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information			
a. Financial Institution Full Name TRULIANT FEDERAL CREDIT UNION		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Account Code C4C	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 6,793.16		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 of Elections.			
_____ Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	<u>Delivery Method</u> ☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed	
Date Postmarked: _____	Employee: _____		
Date Scanned: _____	Employee: _____		
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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			