

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.

RECEIVED JUL 27 2026 NC STATE BOARD OF ELECTIONS		c. ID Number STA-S38XH0-C-001		
1. Committee Information a. Full Name COMMITTEE TO ELECT BETH STREET		d. Date Filed 07/10/2026 e. Phone Number		
b. Mailing Address (include City, State and Zip Code) P.O. BOX 1911 CONCORD, NC 28026				
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 SARAH ELIZABETH STREET				
6. Type of Committee (Check One) ☒ Candidate Campaign ☐ Party ☐ Joint Fundraiser ☐ PAC ☐ Referendum ☐ Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special </td> <td style="width: 50%; vertical-align: top;"> State/County ☐ Organizational ☐ Quarterly ☐ First ☒ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special </td> </tr> </table>	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
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			
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 0		10. Special Report Name		
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		
	d. Period Begin Balance \$	c. Account Code 2		
		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				
Sarah Elizabeth Street Printed Name of Signer		[Signature] Signature of Appointed Treasurer		
		07/10/2026 Date		
FOR OFFICE USE ONLY				
Date Received: 7/27/26	Employee: CM	Delivery Method ☒ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training		
Date Postmarked: ?	Employee: CM			
Date Scanned: 7/28/26	Employee: BR			
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.				

PO BOX 1911
Concord, NC 28026

NC State Board of Elections

P.O. Box 27255

Raleigh, NC 27611-7255

2761137255 8026

