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
COMMITTEE TO ELECT MICHELE MORROW	STA-8J6CC8-C-D01
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
PO BOX 1855 CARY, NC 27512	06/02/2022
	e. Phone Number
	(919) 599-5009

RECEIVED
JUN 08 2022
NC 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
2022	01/01/2022	06/02/2022	KIMBERLY STONEBRAKER

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

1

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	

13. Account Information

a. Financial Institution Full Name	
FIRST CITIZENS BANK	
b. Purpose	**c. Account Code**
FOR CAMPAIGN RELATED ACTIVITY	1
	d. Period Begin Balance
	$ 50.00

13. 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

Kimberly Stonebraker — Printed Name of Signer

K Stonebraker — Signature of Appointed Treasurer

06/02/2022 — Date

FOR OFFICE USE ONLY

Date Received:	6/8/22	Employee:	CE
Date Postmarked:	6/6/22	Employee:	CE
Date Scanned:	6/8/22	Employee:	CE
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.

ORIGIN ID:SOPA (919) 599-5009
KIMBERLY STONEBRAKER

111 CLEAR SKY CT

CARY, NC 27513
UNITED STATES US

SHIP DATE: 02JUN22
ACTWGT: 0.05 LB
CAD: 6995490/SSF02321

BILL CREDIT CARD

TO **NC STATE BOARD OF ELECTION**

THIRD FLOOR 430 N SALISURY ST
6400 MAIL SERVICE CENTER
RALEIGH NC 27603

(919) 599-5009

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PO:

REF:

DEPT:

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TRK# 0201 2738 6530 1987

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22 SOPA

27603
NC-US RDU

Part # 156297-[illegible] 05/23