

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

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 01/01/2022	4. Period End Date (mm/dd/yy) 06/02/2022	5. Treasurer Full Name KIMBERLY STONEBRAKER
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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 1		☐ Final	☐ Year End
		☐ Special	☒ Final
			☐ Special

3. Account Information		3. Account Information	
a. Financial Institution Full Name FIRST CITIZENS BANK		a. Financial Institution Full Name	
b. Purpose FOR CAMPAIGN RELATED ACTIVITY	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 50.00		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 K Stonebraker 06/02/2022
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 6/8/22 Employee: CE Delivery Method
Date Postmarked: 6/2/22 Employee: CE ☐ Normal Mail
Date Scanned: 6/8/22 Employee: CE ☒ Registered Mail
Date Data Entered: _____ Employee: _____ ☐ 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: 6995490/86F02321

BILL CREDIT CARD

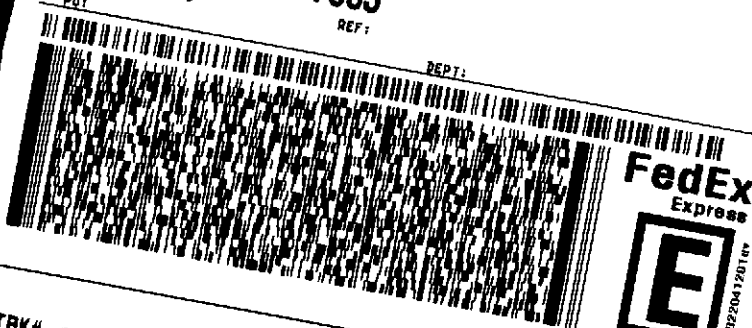
TO NC STATE BOARD OF ELECTION

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

(919) 688-5009

REF:

DEPT:



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Express



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EXPRESS SAVER

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27603

NC-US RDU



Part # 156297-46844942321 223P 05/23