

# Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 JOHN Q PUBLIC	STA-22GH74-C-001
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
123 MAIN ST MAPLE GROVE, NC 24687	7/27/2007
	e. Phone Number
	(919) 555-1212

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	1/1/2007	6/30/2007	SUSIE Q SMITH

6. Type of Committ (Check one)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. List number of fundraisers this period		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
STATE CREDIT UNION			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 2,317.26		\$

**CERTIFICATION**  
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

\_\_\_\_\_  
SUSIE Q SMITH  
Printed Name of Signer

\_\_\_\_\_  
Signature of Appointed Treasurer

\_\_\_\_\_  
7/27/2007  
Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

Signer has not received required training

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

**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 those kinds of committee changes.