

# 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.

<b>1. Committee Information</b>	
a. Full Name <i>Committee to elect Shirley Robinson</i>	c. ID Number <i>70F2G3</i>
b. Mailing Address (include City, State and Zip Code) <i>132 Mill Creek Rd Belton NC 28422</i>	d. Date Filed <i>8/5/2024</i>
	e. Phone Number <i>910 253 6578</i>

2. Report Year <i>2024</i>	3. Period Start Date (mm/dd/yy) <i>2/15/2024</i>	4. Period End Date (mm/dd/yy) <i>6/30/2024</i>	5. Treasurer Full Name <i>Mario Lawrence</i>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
<b>8. Number of Fundraisers this Report</b> <i>0</i>				

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>Trust</i>	a. Financial Institution Full Name	b. Purpose <b>RECEIVED</b>	c. Account Code
b. Purpose <i>Campaign</i>	c. Account Code <i>132</i>	<b>AUG 05 2024</b>	d. Period Begin Balance
	d. Period Begin Balance <i>\$ 13.65</i>	<b>BRUNSWICK COUNTY</b>	
		<b>BOARD OF ELECTIONS</b>	

**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.

*Mario Lawrence* \_\_\_\_\_ *Md* \_\_\_\_\_ *8/5/2024* \_\_\_\_\_  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
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.

# Detailed Summary

Amendment  
 Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee to elect Shirley Rubin	2021 Organized	71) F203	
Start of Election Cycle: January 1, <u>2021</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 13.05	\$ 0	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$ 1586.34	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$ 1586.34	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	\$ 16.95	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 13.05	\$ 13.05	
17) In-Kind Contributions (CRO-1510)	\$	\$ 1556.34	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 13.05	\$ 1586.34	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	\$	
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

# Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Committee to elect Shirley Babin		7DFRG3	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>	
Shirley Babin 132 Mill Creek Rd SE Bolton NC 27422		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
<b>b. Job Title/Profession</b>		<b>e. Level Registered</b>	
NO Job Title		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
Not employed		L	
<b>g. Comments</b>		<b>h. Original Receipt Date</b>	
Close acct		12-27-23	
<b>i. Original Receipt Amount</b>		<b>j. Election Sum to Date</b>	
\$ 30.00		\$ 1573.29	
<b>k. Account Code</b>		<b>l. Form of Payment</b>	
132		check	
<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	
closing account		6-3-2024	
<b>o. Amount</b>		<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
\$ 13.05			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
<b>b. Job Title/Profession</b>		<b>e. Level Registered</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
<b>g. Comments</b>		<b>h. Original Receipt Date</b>	
<b>i. Original Receipt Amount</b>		<b>j. Election Sum to Date</b>	
\$		\$	
<b>k. Account Code</b>		<b>l. Form of Payment</b>	
<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	
<b>o. Amount</b>		<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
\$			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
<b>b. Job Title/Profession</b>		<b>e. Level Registered</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
<b>g. Comments</b>		<b>h. Original Receipt Date</b>	
<b>i. Original Receipt Amount</b>		<b>j. Election Sum to Date</b>	
\$		\$	
<b>k. Account Code</b>		<b>l. Form of Payment</b>	
<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	
<b>o. Amount</b>		<b>4. Total only this Page</b>	
\$		\$ 13.05	
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$ 13.05	
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>			
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit			
P* - Reimbursement of In-Kind      O* Other			
* Codes require detailed explanation in required remarks field (m)			