Disclosure Report Cover
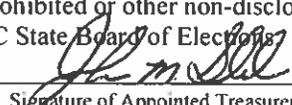
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment ☒ Yes ☐ No

1. Committee Information

a. Full Name	c. ID Number
COMMITTEE TO ELECT JOHN SHIRK FOR TOWN COUNCIL	

b. Mailing Address (include City, State and Zip Code)	d. Date Filed
107-4 CROOKED GULLEY CIRCLE SUNSET BEACH, NC 28468	7/5/2023
	e. Phone Number
	910-269-6360

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2021	07/19/2021	09/21/2021	JOHN M. SHIRK

6. Type of Committee (Check One)

☒ Candidate Campaign ☐ Party
☐ PAC ☐ Referendum
☐ Independent Expenditure ☐ Joint Fundraiser
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

0

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	

11. Account Information

a. Financial Institution Full Name	a. Financial Institution Full Name
UNITED BANK	

b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN TRANSACTIONS	1070		
	d. Period Begin Balance		d. Period Begin Balance
	$ 100.00		$

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

JOHN M. SHIRK		7/5/2023
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: **RECEIVED**   Employee: _ar_

Date Postmarked: **JUL 05 2023**

Date Scanned: **BRUNSWICK COUNTY BOARD OF ELECTIONS**   Employee: _____

Date Data Entered: Employee: _____

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.

Detailed Summary

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

Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
COMMITTEE TO ELECT JOHN SHIRK FOR TOWN COUNCIL	2021 35-DAY	

Start of Election Cycle: January 1, 2018		Total this Reporting Period	Total this Election Cycle
4) **Cash on Hand at Start**		$ 100.00	$ 0.00

RECEIPTS

			Total this Reporting Period	Total this Election Cycle
5)	Aggregated Contributions from Individuals	*(CRO-1205)*	$	$
6)	Contributions from Individuals	*(CRO-1210)*	$ 4416.67	$ 4521.67
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)*	$	$
11 e)	Exempt Purchase Price Sales	*(CRO-1265)*	$	$
12)	**TOTAL RECEIPTS** *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 4416.67	$ 4521.67

EXPENDITURES

			Total this Reporting Period	Total this Election Cycle
13)	Disbursements			
13a)	Operating Expenditures	*(CRO-1310)*	$ 1142.89	$ 1142.89
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)*	$ 416.67	$ 416.67
17)	In-Kind Contributions	*(CRO-1510)*	$ 416.67	$ 421.67
18)	**TOTAL EXPENDITURES** *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 1976.23	$ 1981.23
19)	**Cash on Hand at End** *(Add lines 4 and 12 together, then subtract line 18)*		$ 2540.44	$ 2540.44

ADDITIONAL INFORMATION

			Total this Reporting Period	Total this Election Cycle
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)*	$	$

CRO-1100   NC State Board of Elections   August 2008

Refunds/Reimbursements From the Committee

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

Pg __1__ of __1__

Amendment: ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT JOHN SHIRK FOR TOWN COUNCIL	

3. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
JOHN M. SHIRK
107-4 CROOKED GULLEY CIRCLE
SUNSET BEACH, NC 28468
910-269-6360

d. Type of Committee
☒ Candidate   ☐ PAC
☐ Referendum ☐ Party

e. Level Registered (Specify)
☐ Federal   ☐ County:
☐ State   ☒ Municipality:

f. Purpose Code

h. Original Receipt Date 08/28/2021

i. Original Receipt Amount $ 416.67

j. Election Sum to Date $ 105.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
ADMINISTRATOR	BRUNSWICK COUNTY		1070

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CHECK	REIMBURSEMENT FOR WEBSITE	08/28/2021	$ 416.67

3. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

d. Type of Committee
☐ Candidate   ☐ PAC
☐ Referendum ☐ Party

e. Level Registered (Specify)
☐ Federal   ☐ County:
☐ State   ☐ Municipality:

f. Purpose Code

h. Original Receipt Date

i. Original Receipt Amount $

j. Election Sum to Date $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

3. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

d. Type of Committee
☐ Candidate   ☐ PAC
☐ Referendum ☐ Party

e. Level Registered (Specify)
☐ Federal   ☐ County:
☐ State   ☐ Municipality:

f. Purpose Code

h. Original Receipt Date

i. Original Receipt Amount $

j. Election Sum to Date $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 416.67
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 416.67

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)