

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	
Elect Jim Von Canon				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
P.O. Box 129 Lake View 28330			Dec 6th	
			e. Phone Number	
			910-691-5130	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2022	05/01/2022	06/30/2022	Bradly Dick	
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	Referendum
PAC	Referendum	Organizational	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Legal Expense Fund				
7. Type of Fund (if applicable, check one)		Pre-primary	First	Final
"Booster Fund"		Pre-election	Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual
		Semi-annual	Fourth	Special
		Mid Year	Semi-annual	
Other:		Year End	Mid Year	10. Special Report Name
		Final	Year End	
8. Number of Fundraisers this Report		Special	Final	
			Special	
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
First Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign Account for Receipt and expenses				

d. Period Begin Balance

\$ 1814.58

d. Period Begin Balance

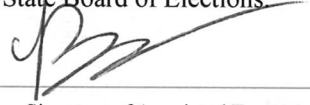
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CERTIFICATION

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.

Brady Dick

Printed Name of Signer



Signature of Appointed Treasurer

7-11-22

Date

FOR OFFICE USE ONLY

Date Received:

7/11/2022

Employee:

ARB

Delivery Method

Normal Mail

Date Postmarked:

RECEIVED

Employee:

JUL 11 2022

Registered Mail

Date Scanned:

JUL 11 2022

Employee:

MOORE BOE

☒ Hand Delivered

Electronically Filed

Date Data Entered:

MOORE BOE

Employee:

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.

d. Period Begin Balance

\$ 1814.58

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 of Elections

Brady Dick

Printed Name of Signer

[Signature]

Signature of Appointed Treasurer

7-11-22

Date

FOR OFFICE USE ONLY

Date Received:

7/11/2022

Employee:

APB

Delivery Method

Normal Mail

Date Postmarked:

RECEIVED

Employee:

JUL 11 2022

Registered Mail

☒ Hand Delivered

Date Scanned:

JUL 11 2022

Employee:

MOORE BOE

Electronically Filed

Date Data Entered:

MOORE BOE

Employee:

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.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to elect Jim Von Canon					
Start of Election Cycle: January 1, <u>2022</u>				Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start				\$ 2672.13	\$
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 50	\$ 436	
6) Contributions from Individuals		(CRO-1210)	\$ 650	\$ 6675.55	
7) Contributions from Political Party Committees		(CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees		(CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds		(CRO-1410)	\$ 0	\$ 4829.83	
10) Refunds/Reimbursements To the Committee		(CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income		(CRO-1250)	\$ 0	\$ 0	
11d) Legal Expense Fund – Other Sources		(CRO-1270)	\$ 0	\$ 0	
11 e) Exempt Purchase Price Sales		(CRO-1265)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 650	\$ 11941	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 1182.55	\$ 5895.31	
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$ 175	\$ 225	
13c) Coordinated Party Expenditures		(CRO-1310)	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 0	\$ 0	
15) Loan Repayments		(CRO-1420)	\$ 0	\$ 0	
16) Refunds/Reimbursements From the Committee		(CRO-1320)	\$ 0	\$ 0	
17) In-Kind Contributions		(CRO-1510)	\$ 0	\$ 663	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 1357.55	\$ 6783.31	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 1989.58	\$	
ADDITIONAL INFORMATION					
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

23) Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$	
24) Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$	
25) Administrative Support	<i>(CRO-1710)</i>	\$	\$
26) Forgiven Loans	<i>(CRO-1440)</i>	\$	\$
27) 48-Hour Notice Reports Sum	<i>(CRO-2220)</i>	\$	\$
28) Contributions to be Refunded	<i>(CRO-1215)</i>	\$	\$

CRO-1100

NC State Board of Elections

August 2008

Aggregated Contributions from Individuals

Page

of

Yes

No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Committee to elect I'm Von Canon	

3. Contributor Information

a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	Check		05/01/2022	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
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4. Total only this Page

\$ 50

5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

\$ 50

	Remove					\$
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	Remove					\$
	Add					\$
	Remove					\$
4. Total only this Page						\$ 50
5. Total of ALL CRO-1205 Pages						\$ 50
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to elect Jim Von Canon						
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Mark Giacovelli 165 Pine Top Drive Carthage NC 28327		Retired				
		c. Employer's Name/Specific Field				
				e. Election Sum to Date		
				\$ 500		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	1	Check		05/11/2022	\$ 500	
					\$	
					\$	
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Olivia Collini 3 village Lane Pinehurst NC 28374		Retired				
		c. Employer's Name/Specific Field				
				e. Election Sum to Date		
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	1	Check		05/10/2022	\$ 100	
					\$	
					\$	
3. Contributor Information			Add	Remove		

a. Full Name, Mailing Address & Phone (include city, state, & zip) Bethal Cleveland 206 Lakeview Drive Whispering Pines 28327		b. Job Title/Profession Retired		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date 50	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	1	Check		05/01/2022	\$ 50
					\$
					\$
4. Total only this Page					\$ 650
5. Total of ALL CRO-1210 Pages					\$ 650
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

CRO-1210

NC State Board of Elections

April 2007

a. Full Name, Mailing Address & Phone (include city, state, & zip) Bethal Cleveland 206 Lakeview Drive Whispering Pines 28327		b. Job Title/Profession		d. Comments	
		Retired			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	1	Check		05/01/2022	\$ 50
					\$
					\$
4. Total only this Page					\$ 650
5. Total of ALL CRO-1210 Pages					\$ 650
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Disbursements

Pg 1 of 2

Yes No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to elect Jim Von Canon						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
Operating Expenses		Contributions to Candidates/Political Committees			Coordinated Party Expenditures	
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Village Printers 50 rattlesnake Trail, Pinehurst NC 28374 910-295-6317						
			Federal County:			
			State Municipality:			
					e. Election Sum to Date	
					\$ 674.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	05/17/2022	674.10		
				\$		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Jellison Press Printers 160 Pinehurst Ave. Southern Pines, NC 28387 910-692-8041						
			Federal County:			
			State Municipality:			
					e. Election Sum to Date	
					\$ 358.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	05/26/2022	358.45		

4. Payee Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Fred Von Canon 3150 Roger RD #200 Wake Forest NC 27587 919-844-2000		Elect Fred Von Canon			
		c. Level Registered (Specify)			
		Federal	County:		
		State	Municipality:		
				e. Election Sum to Date	
				\$ 175	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	D	06/07/2022	175	
				\$	
5. Total only this Page					\$ 1207.55
6. Total of ALL CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 1357.55
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

4. Payee Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Fred Von Canon 3150 Roger RD #200 Wake Forest NC 27587 919-844-2000			b. Coordinated Committee Name Elect Fred Von Canon		d. Comments
			c. Level Registered (Specify) <div style="display: flex; justify-content: space-between;"> Federal County: </div> <div style="display: flex; justify-content: space-between;"> State Municipality: </div>		
					e. Election Sum to Date \$ 175
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	D	06/07/2022	175	
				\$	
5. Total only this Page					\$ 1207.55
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					\$ 1357.55
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to elect Jim Von Canon						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
Operating Expenses		Contributions to Candidates/Political Committees			Coordinated Party Expenditures	
4. Payee Information				Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sandhills Trophy 2244 NC Hwy 211 Eagle Springs, NC 27242 910-673-0309			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			Federal		County:	
State		Municipality:		e. Election Sum to Date		
				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	OS B	05/23/2022	\$ 150		
				\$		
4. Payee Information				Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			Federal		County:	
State		Municipality:		e. Election Sum to Date		
				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		

4. Payee Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$150
6. Total of ALL CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$ 1357.55
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

4. Payee Information				Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		Federal	County:		
		State	Municipality:	e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$150
6. Total of ALL CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 1357.55
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					