

Disclosure Report Cover**MOORE COUNTY PUBLIC COPY**
 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		
Committee to Elect Philip Holmes			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
133 Laurel Oak Ln Pinebluff, NC 28373	APR 12 2021		
e. Phone Number			

RECEIVED**MOORE BOE**

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	1/1/2021	4-8-2021	Philip Holmes

6. Type of Committee (Check One)		7. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<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
7. Type of Fund (if applicable check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> 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 checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	

8. Number of Fundraisers this Report		9. Special Report Name
0		

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Fidelity Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Expenses	1		
d. Period Begin Balance		d. Period Begin Balance	
\$ 13.40		\$	

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.

Philip Holmes

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY			
Date Received:	4-12-21	Employee:	<i>CMH</i>
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
Delivery Method <input checked="" 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			

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.

Refunds/Reimbursements From the Committee

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Amendment
 Yes No

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

1. Committee Full Name (and ID, if applicable)		2. ID Number	
Committee to Elect Philip Holmes			
3. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
Philip Holmes 133 Laurel Oak Ln Pinebluff, NC 28373		<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> PAC
		<input type="checkbox"/> Referendum	<input type="checkbox"/> Party
b. Job Title/Profession		e. Level Registered (Specify)	
Funeral Director		<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
c. Employer's Name/Specific Field		f. Purpose Code	
Crumpler Funeral Hom		g. Comments	
close out account		h. Original Receipt Date	
		2/5/2020	
i. Original Receipt Amount		\$ 200.00	
j. Election Sum to Date		\$ 2467.59	
k. Account Code		1	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)
check			4-8-2021
		o. Amount	
		\$ 13.40	
3. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
		<input type="checkbox"/> Candidate	<input type="checkbox"/> PAC
		<input type="checkbox"/> Referendum	<input type="checkbox"/> Party
b. Job Title/Profession		e. Level Registered (Specify)	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
c. Employer's Name/Specific Field		f. Purpose Code	
		g. Comments	
		h. Original Receipt Date	
i. Original Receipt Amount		\$	
j. Election Sum to Date		\$	
k. Account Code			
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)
		o. Amount	
		\$	
3. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
		<input type="checkbox"/> Candidate	<input type="checkbox"/> PAC
		<input type="checkbox"/> Referendum	<input type="checkbox"/> Party
b. Job Title/Profession		e. Level Registered (Specify)	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
c. Employer's Name/Specific Field		f. Purpose Code	
		g. Comments	
		h. Original Receipt Date	
i. Original Receipt Amount		\$	
j. Election Sum to Date		\$	
k. Account Code			
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)
		o. Amount	
		\$	
4. Total only this Page			
\$ 13.40			
5. Total of ALL CRO-1320 Pages (add lines due on line 16 of Detailed Summary Page CRO-1100)			
\$ 13.40			
L - Returned to Contributor		M - Overpayment for Service	
P* - Reimbursement of In-Kind		O* Other	
N - Exceeded Contribution Limit			
Codes required detailed explanation in required remarks field (m)			