

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 COMMITTEE TO ELECT DR BETTY	c. ID Number
b. Mailing Address (include City, State and Zip Code) 125 HORSESHOE RD SOUTHERN PINES, NC 28387	d. Date Filed 02/15/2021
	e. Phone Number (910) 280-8079

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	12/03/2019	10/17/2020	BETTY WELLS BROWN

6. Type of Committee (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 checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<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 checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

3. Account Information		3. Account Information	
a. Financial Institution Full Name PAYPAL	a. Financial Institution Full Name	b. Purpose CAMPAIGN ACCOUNT	c. Account Code 1
			d. Period Begin Balance \$ 0

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

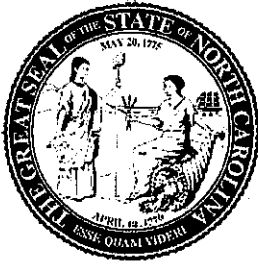
BETTY WELLS BROWN / Betty Wells Brown 02/15/2021
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>2-19-21</u>	Employee: <u>[Signature]</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" 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.



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Loan Proceeds Statement

RECEIVED

FEB 19 2021

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: COMMITTE TO ELECT DR BETTY
- Person or committee to make loan: BETTY WELLS BROWN
- Date of loan to committee: 8/07/2020
- Name of lending institution and account number (source):
NA
- Amount of loan: \$5,000.00
- Description (if in-kind loan): NA
- Names of all parties responsible for payment of loan (guarantors):
COMMITTEE TO ELECT DR BETTY
- Period of loan: NA
- Rate of interest of loan: 0%
- Security pledged for loan: NA

I, BETTY WELLS BROWN, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Betty Wells Brown
Signature of Lender

Betty Wells Brown
Signature of Treasurer of Committee

19 Feb 2021
Date Signed

19 Feb 2021
Date Signed