

# 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	
Justin West For Clerk of Court			
Start of Election Cycle: January 1, <u>2022</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ <u>2.42</u>	\$
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ <u>0.00</u>	\$ <u>0.00</u>
6) Contributions from Individuals (CRO-1210)		\$ <u>0.00</u>	\$ <u>0.00</u>
7) Contributions from Political Party Committees (CRO-1220)		\$ <u>0.00</u>	\$ <u>0.00</u>
8) Contributions from Other Political Committees (CRO-1230)		\$ <u>0.00</u>	\$ <u>0.00</u>
9) Loan Proceeds (CRO-1410)		\$ <u>0.00</u>	\$ <u>0.00</u>
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ <u>0.00</u>	\$ <u>0.00</u>
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ <u>0.00</u>	\$ <u>0.00</u>
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ <u>0.00</u>	\$ <u>0.00</u>
11c) Outside Sources of Income (CRO-1250)		\$ <u>0.00</u>	\$ <u>0.00</u>
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ <u>0.00</u>	\$ <u>0.00</u>
11e) Exempt Purchase Price Sales (CRO-1265)		\$ <u>0.00</u>	\$ <u>0.00</u>
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ <u>0.00</u>	\$ <u>0.00</u>
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ <u>0.00</u>	\$ <u>0.00</u>
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ <u>0.00</u>	\$ <u>0.00</u>
13c) Coordinated Party Expenditures (CRO-1310)		\$ <u>0.00</u>	\$ <u>0.00</u>
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ <u>0.00</u>	\$ <u>0.00</u>
15) Loan Repayments (CRO-1420)		\$ <u>0.00</u>	\$ <u>0.00</u>
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ <u>0.00</u>	\$ <u>0.00</u>
17) In-Kind Contributions (CRO-1510)		\$ <u>0.00</u>	\$ <u>0.00</u>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <u>0.00</u>	\$ <u>0.00</u>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <u>2.42</u>	\$
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ <u>0.00</u>	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ <u>0.00</u>	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ <u>0.00</u>	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ <u>0.00</u>	
24) Account Transfers Within the Committee (CRO-1720)		\$ <u>0.00</u>	
25) Administrative Support (CRO-1710)		\$ <u>0.00</u>	\$ <u>0.00</u>
26) Forgiven Loans (CRO-1440)		\$ <u>0.00</u>	\$ <u>0.00</u>
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ <u>0.00</u>	\$ <u>0.00</u>
28) Contributions to be Refunded (CRO-1215)		\$ <u>0.00</u>	\$ <u>0.00</u>

# 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 Justin West For Clerk of Court	c. ID Number
b. Mailing Address (include City, State and Zip Code) 136 Eller Ridge Rd Laurel Springs NC 28644	d. Date Filed 5-11-22
	e. Phone Number

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 4-30-2022	4. Period End Date (mm/dd/yy) 6-12-2022	5. Treasurer Full Name Kathy E. West
------------------------	--	--	---

<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input 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>				
0				

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name Skyline National Bank	a. Financial Institution Full Name	b. Purpose Campaign Account	c. Account Code 051403766
b. Purpose	c. Account Code	d. Period Begin Balance \$ 2,42	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.

Kathy E. West Printed Name of Signer      Kathy E. West Signature of Appointed Treasurer      7-8-22 Date

**FOR OFFICE USE ONLY**

Date Received: 7-8-2022 Employee: AC Delivery Method:  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  Signer has not received mandatory training

Date Scanned: 7-8-2022 Employee: AC

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.