

# Disclosure Report Cover

|                              |                             |
|------------------------------|-----------------------------|
| Amendment                    |                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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<br><i>Rebecca (Susie) Gambill</i>  | c. ID Number                           |
| b. Mailing Address (include City, State and Zip Code)<br><i>609 Shiloh Church Rd<br/>Sparta, NC 28675</i> | d. Date Filed<br><i>01-4-2023</i>      |
|   | e. Phone Number<br><i>336-372-4112</i> |

|                               |   |  |  |
|-------------------------------|---|--|--|
| 2. Report Year<br><i>2022</i> | 3. Period Start Date (mm/dd/yy)<br><i>11-1-2022</i> | 4. Period End Date (mm/dd/yy)<br><i>12-31-2022</i> | 5. Treasurer Full Name<br><i>Rebecca (Susie) Gambill</i> |
|-------------------------------|---|--|--|

|  |   |  |  |   |
|--|---|--|--|---|
| <b>6. Type of Committee (Check One)</b>                |   | <b>9. Type of Report (check only one type of report from one category)</b> |  |   |
| <input checked="" 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 type="checkbox"/> Second              | <input type="checkbox"/> Supplemental Final |
|  |   | <input type="checkbox"/> Pre-runoff  | <input type="checkbox"/> Third               | <input type="checkbox"/> Annual             |
|  |   | Semi-annual  | <input checked="" 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 checked="" type="checkbox"/> Year End |   |
|  |   | <input type="checkbox"/> Special   | <input checked="" 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>            |   |  |  |   |

|  |  |                                    |                               |
|--|--|------------------------------------|-------------------------------|
| <b>11. Account Information</b>                                     |  | <b>11. Account Information</b>     |                               |
| a. Financial Institution Full Name<br><i>Skyline National Bank</i> |  | a. Financial Institution Full Name |                               |
| b. Purpose<br><i>Campaign account</i>                              | c. Account Code                            | b. Purpose                         | c. Account Code               |
|  | d. Period Begin Balance<br><i>\$233.10</i> |                                    | d. Period Begin Balance<br>\$ |

**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.

*Rebecca (Susie) Gambill*      *Rebecca (Susie) Gambill*      *1-4-2023*  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

|                          |                 |   |
|--------------------------|-----------------|---|
| Date Received: _____     | Employee: _____ | <b>Delivery Method</b>  |
| Date Postmarked: _____   | Employee: _____ | <input type="checkbox"/> Normal Mail                                |
| Date Scanned: _____      | Employee: _____ | <input type="checkbox"/> Registered Mail                            |
| Date Data Entered: _____ | Employee: _____ | <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.

# Disbursements

Pg \_\_\_\_ of \_\_\_\_

|  |
|--|
| Amendment  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

|  |                           |                        |                                     |  |                            |                                |
|--|---------------------------|------------------------|-------------------------------------|--|----------------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |                                     |  |                            | <b>2. ID Number</b>            |
| Rebecca (Susie) Gambill  |                           |                        |                                     |  |                            |                                |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>   |                           |                        |                                     |  |                            |                                |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                           |                        |                                     |  |                            |                                |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                                     |  |                            |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        |                                     | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>             |
| Rebecca (Susie) Gambill<br>609 Shiloh Ch. Rd.<br>Sparta, NC 28675  |                           |                        |                                     |  |                            | To zero/close account          |
|  |                           |                        |                                     | <b>c. Level Registered (Specify)</b>   |                            | <b>e. Election Sum to Date</b> |
|  |                           |                        |                                     | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$ 233,10                      |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                |
|  |                           |                        |                                     | \$   |                            |                                |
|  |                           |                        |                                     | \$   |                            |                                |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                                     |  |                            |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        |                                     | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>             |
|  |                           |                        |                                     |  |                            |                                |
|  |                           |                        |                                     | <b>c. Level Registered (Specify)</b>   |                            | <b>e. Election Sum to Date</b> |
|  |                           |                        |                                     | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$                             |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                |
|  |                           |                        |                                     | \$   |                            |                                |
|  |                           |                        |                                     | \$   |                            |                                |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |                                     |  |                            |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        |                                     | <b>b. Coordinated Committee Name</b>   |                            | <b>d. Comments</b>             |
|  |                           |                        |                                     |  |                            |                                |
|  |                           |                        |                                     | <b>c. Level Registered (Specify)</b>   |                            | <b>e. Election Sum to Date</b> |
|  |                           |                        |                                     | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | \$                             |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>         | <b>j. Amount</b>   | <b>k. Required Remarks</b> |                                |
|  |                           |                        |                                     | \$   |                            |                                |
|  |                           |                        |                                     | \$   |                            |                                |
| <b>5. Total only this Page</b>   |                           |                        |                                     |  |                            | \$                             |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |                                     |  |                            | \$                             |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                           |                        |                                     |  |                            |                                |
| <b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>   |                           |                        |                                     |  |                            |                                |
| 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).  |                           |                        |                                     |  |                            |                                |