

Disclosure Report Cover

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.

Amendment
 Yes No

RECEIVED

BOARD OF ELECTIONS
SHELLEY COUNTY

1. Committee Information		c. ID Number
a. Full Name <i>Committee to elect Robert Queen CC BDE</i>		7071 JAN 11 A 9:3
b. Mailing Address (include City, State and Zip Code) <i>1609 Burke Rd Shelley NC 28152</i>		d. Date Filed
		e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	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
		<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 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	

7. Type of Fund (if applicable, check one)		8. Number of Fundraisers this Report		10. Special Report Name	
<input type="checkbox"/> Booster Fund	<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:					

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Home Trust Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign Finance</i>	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance <i>\$ 1481.18</i>		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.

Floyd Queen, Jr *Floyd Queen, Jr* _____
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input 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
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.

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	
<i>Committee to elect Robert Queiroz</i>					
Start of Election Cycle:	January 1, _____	Total this Reporting Period		RECEIVED BOARD OF ELECTIONS CLEVELAND COUNTY Total this Election Cycle	
4) Cash on Hand at Start		\$	2021	\$ 1484.18	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$		\$	
7) Contributions from Political Party Committees	(CRO-1220)	\$	125.00	\$	125.00
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	
9) Loan Proceeds	(CRO-1410)	\$		\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$		\$	125.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	35.69	\$	35.69
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
15) Loan Repayments	(CRO-1420)	\$	1377.09	\$	1377.09
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	1412.78
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$		\$	193.40 193.40
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)	\$		\$	

Contributions from Other Political Committees

Pg ____ of ____ Amendment Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

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2. ID Number ELECTIONS CLEVELAND COUNTY

2021 JAN 11 A 9:31

1. Committee Full Name (and Fund if applicable) **Committee to elect Robert Queen CCBQE**

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Cleveland County Republicans Comm. PO Box 1234 Shelby NC 28151		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 125.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$

4. Total only this Page \$
5. Total of all CRO-1230 Pages \$

Disbursements

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

RECEIVED
ELECTIONS
CLEVELAND COUNTY

1. Committee Full Name (and Fund if applicable) 2. ID Number of Election

Committee to elect Robert Duvern CCBDE

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) 2021 JAN 11 A 9:31

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)	b. Coordinated Committee Name	d. Comments
Bojangles		
Candidate Breakfast	c. Level Registered (Specify)	e. Election Sum to Date
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 35.69

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)	e. Election Sum to Date
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$

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)	e. Election Sum to Date
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$

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 \$ 35.69

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)
(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)

Loan Repayments

Use this form to report payments on an existing loan.

Pg ____ of ____

Amendment

Yes No

RECEIVED
BOARD OF ELECTIONS
CLEVELAND COUNTY
ID Number

1. Committee Full Name (and Fund if applicable)					2021 JAN 11 A 9 31
Committee District Robert Queen CCBUE					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Robert Queen 2632 Pamlico Dr. Shelby NC 28152					
				c. Original Loan Date	
				12/2019	
				d. Original Loan Amount	
				\$ 500.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$ 500.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Robert Queen 2632 Pamlico Dr. Shelby NC 28152					
				c. Original Loan Date	
				8/2020	
				d. Original Loan Amount	
				\$ 377.09	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$ 377.09	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Carolyn Queen 1109 Burkhead Shelby NC 28152					
				c. Original Loan Date	
				1/2020	
				d. Original Loan Amount	
				\$ 500.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$ 500.00	
\$				\$	
4. Total only this Page				\$ 1377.09	
5. Total of ALL CRO-1420 Pages				\$ 1377.09	

Form 1420-10-2006 must be on file with the Board of Elections. Page CRO-1420