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Disclosure Repor					☐ Yes 区	No			
Use this form for general		nformation, must be	signed and sub	omitted along w	ith other detailed forms.				
Do not use this form to up			-						
1. Committee Informati	DN								
a. Full Name	11				c. ID Number				
Parents to Elect Meghan	Hoppes								
b. Mailing Address (include C	ity, State and Zip Code)				d. Date Filed				
507 Forest Hill Dr					5/2/2022				
Shelby, Nc 28150									
					e. Phone Number				
					704-692-6552	2			
A D . V	100	4. Period	End Date	l =	<b></b>				
2. Report Year 3. Po	eriod Start Date (mm/d	d/yy) (mm/dd/yy)		5. Treasurer					
2022	1/1/2022	4/3	0/2022	Meghan Hop	ppes				
 6: Type of Committee (C	heal One)	9. Type of Report	(abaak as		eport from one category)				
	Party	Municipal	State/C	and the contribution of the last section of the contribution of th	Referendum	Production in			
PAC	Referendum	Organizational	ı 🛛	Organizational	Organizational				
Independent Expenditure	Joint Fundraiser	Thirty-five day	y	Quarterly	Pre-referendum				
Legal Expense Fund									
	pplicable, check one)	Pre-primary	⊠	First	Final				
"Booster Fund" Building Fund		Pre-election Pre-runoff	님	Second Third	Supplemental Final	1			
Dunding I and		Semi-annual	ᅵ片	Fourth	Annual Special	1.			
		Mid Year	г	Semi-annual					
Other:		Year End	·   📙	Mid Year	10. Special Report N	ame			
8. Number of Fundraise		Final Special	ᅵ片	Year End					
Oscilling 20 2 (180 9) SC	STAIR WEIGHT	Special		Final Special		·			
11. Account Information			11. Account	•					
a. Financial Institution Full Na				itution Full Name	53				
Bank OZK									
b. Purpose	c. Account Code		b. Purpose		c. Account Code				
Campaign	МНС	CS			A CIEI AN	WD COUNTY B			
	d. Period Begin Balance				d. Period Begin Ballance 22 PM 1				
					1.				
	\$ 100.00				\$				
CERTIFICATION									
I certify that the Committee	e or Fund is in complia	nce with all applica	ble provisions	of Article 22A,	22B, & 22D-22M of Chapter	163 of			
the NC General Statutes a is complete, true and corre					unds. I further certify that this	report			
Meghan Hoppes		1/1/	Vian 141	well	5/2/2022				
the state of the s	nted Name of Signer		iguature of Appoin	ted Treasurer	Date				
FOR OFFICE USE ONLY	_1 1		·	$\bigcirc$	D.P. Maled				
Date Received:	5/2/22	Employee:	_ <u></u>	<u> </u>	Delivery Method  Normal Mail				
Date Postmarked:	•	Employee;	0.		Registered Mail				
Dute i Osunaireu.		Employee,			Hand Delivered				
Date Scanned:		Employee:			Electronically File Signer has not rec				
Deta Deta Patricil		P1			mandatory training				
Date Data Entered:		Employee:			•				
Please Note: This form	n cannot be used to am	end committee infor	mation such as	the committee	address, treasurer, assistant tre	easurer			
		n of books informat			The state of the s	,			
You	must amend the Staten				nmittee changes.	1			

CRO-1000

## Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable) 2.	to total monetary . Type of Report		. ID Number
Parents to Elect Meghan Hoppes	STS/ Destruction of		AD Number
11			
Start of Election Cycle: January 1,	2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 100.00	\$ 100.00
RECERTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 185.00	\$ 185.00
6) Contributions from Individuals	(CRO-1210)	\$ 800.00	\$ 800.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 100.00
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	ns <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	IId and IIe)	\$ 985.00	\$ 1085.00
EXPENDITURES			and the second
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 158.36	\$ 178.36
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	16 and 17)	\$ 158.36	\$ 178.36
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	ct line 18)	\$ 926.64	\$ 1006.64
ADDIBIONAL TORORNALION:			
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)	\$	\$ CLEVELAND COUNTY
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	* MAY 2 '22 FH 12:5
28) Contributions to be Refunded	(CRO-1215)	\$	\$
		<u> </u>	

Amendment

Yes

No

## **Aggregated Contributions from Individuals**

Page

1 of

Amendment

No

Optional form used to report NC Contributions From Individuals of \$50 or less

ontributor Inform	nation b. Account	T	d. In-Kind	e. Date	
iend	Code	c. Form of Payment	Description	(mm/dd/yyyy)	f. Amount
Add	MHCCS	Venmo		4/1/2022	\$ 25.00
Remove					
Add Remove	MHCCS	Venmo		4/1/2022	\$ 10.00
Add		<u> </u>			
Remove	MHCCS	Venmo		4/2/2022	\$ 50.00
Add	1 axccc	***************************************		4/2/2022	f 20.00
Remove	MHCCS	Venmo		4/2/2022	\$ 20.00
Add	MHCCS	Venmo		4/2/2022	\$ 50.00
Remove	I WITCES	Volume		172,2022	Ψ 50.00
Add	MHCCS	Cash		4/25/2022	\$ 20.00
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				Pg	_1 of	2_	☐ Yes	No No	
		and the state of t	CONTRACTOR PROPERTY.	or contributions unde	r \$50 if form CRO				
1. Comm	ittee Full Name (	and Fund if applicab	le)			2. ID Num	ber		
Parents to	Elect Meghan Ho	oppes							
3. Contri	butor Informatio	ın.	Ø	Add 🔲 Ren	iovė				
a. Full Nan	ne, Mailing Address é	& Phone		b. Job Title/Profession		d. Comments			
				Homemaker					
				c. Employer's Name/Sp	ecific Field				
				Homemaker					
						e. Election Si	ım to Date		
				·		\$			
f. Prior	g, Account Code	h. Form of Payment	i. In-k	and Description	j. Date (mm/dd/yy	уу)	k. Amount		
	MHCCS	Venmo		v	4/2/20	22	\$	\$100.00	
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a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
				Homemaker					
				c Employer's Name/Sn	ecifie Field				
1021 Marlowe Rd.  Raleigh, NC 27609  c. Employer's Name/Specific Field  Homemaker									
,						e. Election St	ım to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	MHCCS	Venmo			4/2/20	22	\$	\$100.00	
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3. Contri	butor Informatio	)n	×	Add 🗌 Rem	nove				
		& Phone		b. Job Title/Profession		d. Comments			
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•				c. Employer's Name/Sp	ecific Field		VLCVCI MAN	_HIND GOOM	:5
				Retired					
		m to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used  Lee full Name (and Find It applicable)  Leet Maghan Hoppes  Add L. Remove  Malling Address & Plouse  y, tasts, & zip)  Be Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)   R. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)   R. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)   R. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)   R. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)   R. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)   R. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)   R. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)   R. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)   R. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)    L. Annount   R. L. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)    L. Annount   R. L. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)    L. Annount   R. L. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)    L. Annount    L. Annount   R. L. Annount    L. Account Code   R. Form of Payment   L. In-Kind Description   L. Date (num/dd/yyyy)    L. Annount    L. Annount   R. L. Annount    L. Annount							
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						<b>,</b>	\$		
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5. Total	of ALL CRO	-1210 Pages				S.		\$800.00	
(This line	e must be on line 6 of	Detailed Summary Page Cl	RO-1100	)		<b>*</b>		7300.00	

CRO-1210

Amendment

				or contributions under	r \$50 if form CR	- Marie Company and Company an		aneman water the control reserve to the		
1. Comm	ittee Full Name (	and Fund if applicab	le)			2. ID Num	ber			
Parents to	Elect Meghan Ho	oppes								
3. Contri	butor Informatio	n .	×	Add 🔲 Rem	ove					
a. Full Nan	ie, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments				
	city, state, & zip)			Retired						
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i e	White Oak Dr.			c. Employer's Name/Spe	cific Field					
Shelby, N	IC 28150			Retired		e. Election St				
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Shelby, N	IC 28150			riomemaker		e. Election Su				
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5 - DAME ARREST ARRESTS AND	of ALL CRO-					<u> </u>		\$800.00		
(This line	must be on line 6 of 1	etailed Summary Page Ck	(0-1100)			Ψ		Ψουυ.υυ		

CRO-1210

**Contributions from Individuals** 

Amendment

Yes No

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	o report expenditures		ee for	; operating expen	ses,	contribu	tions to	candidate/p	olitical	
	coordinated party ex		le resourts as		878,744		research and	na lace continue de deficie d	anne di un versioni della contra di la contra di c	
	Full Name (and Fun	id if applicable)						2.	ID Number	
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4. Payee Inform			Ado			Remo	/e	1		
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PO Box 64046 St. Paul, MN 55164			c. Level Registered (Specify)  Federal County:				Deposit Slips Endorsement Stamp			
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4/19/2022

\$141.91

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158.36

¢

\$

5. Total only this Page

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 cases in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)