| Disclosure Report | Cover | | | Ame | ndment Yes | \boxtimes | No |
|--|--|------------------------------|----------------------------------|----------------------|--|---------------|-----------|
| Use this form for general r | | nformation, must be | signed and submitted | along with other | THE CHARGE WE IN MALE STATE AND A STATE OF THE STATE OF T | | No |
| Do not use this form to upo | | momanom, must oo | Signou and Sabinition | arong what ourse c | | | |
| 1. Committee Informatio | | | | | | | |
| a. Full Name | ************************************** | | | c. | ID Number | | |
| Parents to Elect Meghan F | Hoppes | | | | | | |
| b. Mailing Address (include Cit | ty, State and Zip Code) | | | d. | Date Filed | | |
| 507 Forest Hill Dr | | | | | 11/01/2 | 022 | |
| Shelby, Nc 28150 | | | | | Phone Number | | |
| | | | | | | | |
| | | | | | 704-692- | 0332 | ne ette. |
| 2. Report Year 3. Pe | riod Start Date (mm/o | d/yy) 4. Period (mm/dd/yy) | End Date 5. Tr | easurer Full Nai | ne | | |
| 2022 | 4/30/2022 | | 1/2022 Meg | han Hoppes | | | 50295150C |
| | | | | | | Parameter San | diam'n |
| 6. Type of Committee (Cl Candidate Campaign | neck One) Party | 9. Type of Report Municipal | (check only one State/County | type of report from | n <i>one category).</i> eferendum | | and the |
| Candidate Campaign PAC | Referendum | Organizationa | | | Organizational | | |
| Independent | Joint Fundraiser | Thirty-five day | | 1 == | Pre-referendum | | |
| Expenditure Legal Expense Fund | | 111115 1170 011. | , Q | , | | • | |
| | plicable, check one) | Pre-primary | Fir | rst | 7 Final | | |
| | | Pre-election | | cond | Supplemental I | Final | |
| "Booster Fund" Building Fund | | Pre-runoff | Th Fo | ird [| Annual | | |
| | | Semi-annual | 1 — | urth [| Special | | |
| | | Mid Yea | i | | | | |
| Other: | | Year End | | id Year 10 ar End |). Special Repo | rt Name | e |
| 8. Number of Fundraiser | e this Dannet | Special | Final | ai enu | | | |
| Tumber of Pundraiser | s ms report | G Special | Special | | | | |
| 11. Account Information | | I | 11. Account Inform | ation | | | |
| a. Financial Institution Full Nat | me | | a. Financial Institution I | Full Name | | | |
| Bank OZK | I | | | | <u> </u> | LAND | COU |
| s. Purpose Campaign | c. Account Code | | b. Purpose | | c. Account Code | <u> </u> | '2 P₩ |
| Campaign | МНС | | | | | | |
| | d. Period Begin Balance | · | | | d. Period Begin Ba | lance | |
| | \$ 882.35 | | | : | \$ | | |
| CERTIFICATION | | | | | | | |
| I certify that the Committe | e or Fund is in compli | ance with all applica | ble provisions of Arti | cle 22A, 22B, & 2 | 2D-22M of Cha | pter 163 | 3 of |
| the NC General Statutes an | | | | | rther certify that | this rep | ort |
| is complete, true and correct | ct and that I have beer | trained by the NC S | State Board of Election | , | 1 /2022 | | |
| Meghan Hoppes Prin | ted Name of Signer | $$ \mathcal{A}_{s}^{L} | ignature of Appointed Treas | | 01/2022 Date | | - |
| FOR OFFICE USE ONLY | | | Z | | | | |
| Date Received: | 11-1-202 | Employee: | $\mathcal{C}(\mathcal{L})$ | | very Method Normal Mail | | |
| n n | | П 1 | | ā | Registered Ma | ail | |
| Date Postmarked: | | Employee: | | - 河 | Hand Delivere | ed | |
| | | 771 | | 胃 | Electronically | | a a |
| Date Scanned: | - | Employee: | | | - Independence | TEMPORT | |
| Date Scanned: Date Data Entered: | | Employee: | | - Ц | Signer has no mandatory tra | | cu |

Amendment No

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

| Use this form to summarize all disclosure reporting forms and to t 1. Committee Full Name (and Fund if applicable) 2. Ty | otal monetary pe of Report | | ID Number |
|--|---------------------------------|--------------------------------|-----------------------------------|
| Parents to Elect Meghan Hoppes | Continuental Continuent Bullion | | |
| |)22 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 882.35 | \$ |
| RECEIPTS | | l . | Ι. |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 445.00 | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ 2525.00 | \$ |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 855.62 | \$ |
| 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) | \$ | \$ |
| 11 e) Exempt Purchase Price Sales | (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d c | and IIe) | \$ 3825.62 | \$ |
| EXPENDENTIES 60 | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 3891.51 | \$ CLEVELAND CO |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ | \$ CLEVELAND CO \$ NOV 1 '22 F |
| 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, 16 an | | \$ 3891.51 | \$ |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin | | \$ 816.46 | \$ |
| ADDETIONAL INFORMATION | le 16) | \$ 810.40 | 1 4 |
| 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) | \$ | <u>.</u> |
| 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) | \$ | \$ |

Aggregated Contributions from Individuals

Page

1 of

Amendment

. . X No

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

| ntri ad | butor Inforn | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
|------------|---------------|--------------------|--|---------------------------|-------------------------|------------------------------------|
| 1 | Add | MHCCS | Check | Description | 8/26/2022 | \$ 50.00 |
| | Remove | Milees | Check | | 0/20/2022 | Ψ 30.00 |
| | Add | MHCCS | Act Blue | | 8/25/2022 | \$ 40.00 |
| | Remove | | | | | |
| | Add Remove | MHCCS | Act Blue | | 8/25/2022 | \$ 50.00 |
| | Add | <u> </u> | | | | |
| | Remove | MHCCS | Act Blue | | 8/24/2022 | \$ 25.00 |
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| | city, state, & zip) | | | retired | | | | | |
| Leonard | Гessier ble Hill Rd. | | | c. Employer's Name/Spe | riga Trata | | | | |
| | RI 02886 | | | retired | CHIC FRIG | | | | |
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| | nyshire Lane | | | c. Employer's Name/Spe | cific Field | | | | |
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| | city, state, & zip) Campolieto | | | nomemaker | | | | | |
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| Fuquay V | arina, NC 27526 | | | n/a | | | | | |
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CRO-1210

Amendment

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| | ne, Mailing Address d | & Phone | | b. Job Title/Profession | | d. Comment | • | |
| Zachary | city, state, & zip) Steele | | | Engineer | | ļ | | |
| 34 Misty | Meadow Way | | | c. Employer's Name/Spe | cific Field | | | |
| Mechanio | cville, NY 12118 | | | SI Group | | e. Election S | um to Date | |
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| Page Moi | city, state, & zip) | | Attorney | | | | |
| - | okwood Dr | | c. Employer's Name/Sp | ecific Field | | | |
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Contributions from Individuals

Amendment

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| Parents to | Elect Meghan Ho | oppes | | | <u> </u> | | |
| 3. Contri | butor Informatio |)n | 🛮 Add 🔲 Ren | iove | | | |
| a. Full Nam | e, Mailing Address é | & Phone | b. Job Title/Profession | | d. Comment | s | |
| | city, state, & zip) | | Restaurant Owner | | | | |
| Jason Sha | - | | | | | | İ |
| 105 Trem | | | c. Employer's Name/Sp | ecific Field | | | ł |
| Asheville | , NC 2022 | | Cantina Louie | | | | |
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| (include | city, state, & zip) | | Retired | | | CLEVEL | AND COUNT |
| Michael N | | | | | | NO | AND COUNT' V 1 '22 PM3:5 |
| 443 Trilli | • | | c. Employer's Name/Spe | ecific Field | | | |
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| Shelby, N | | | c. Employer's Name/Sports Retired - Banking | cinc ricia | | | |
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Contributions from Individuals

Amendment

Yes 🛛

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| 1. Comm | ittee Full Name (| and Fund if applicat | le) | | | 2. ID Num | ber | | |
| Parents to | Elect Meghan Ho | oppes | | | • | | | | |
| 3. Contri | butor Informatio |)n | X | Add 🔲 Ren | nove | | | | |
| a. Full Nav | ne, Mailing Address & | & Phone | | b. Job Title/Profession | | d. Comments | r | | |
| (include | city, state, & zip) | | | Product Manager | | | | | |
| Ian Hopp | | | | | · | | | | |
| 120 Hille | | | | c. Employer's Name/Sp | | | | | |
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CRO-1210

Contributions from Individuals

Amendment

Yes 🛛

| | - · | m Individuals | - | Pg | <u>6</u> of | | Amendment Yes | No No |
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Contributions from Individuals

Amendment

Yes

Contributions from Political Party Committees

Pg 1 of 1

| Amendment | | |
|-----------|-------------|----|
| ☐ Yes | \boxtimes | No |

Use this form to report contributions from a political party

| 1. Committee Fu Parents to Elect N | ll Name (and Fund if: | spplicable) | | 2. ID | Number | |
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Amendment Disbursements Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) Parents to Elect Meghan Hoppes (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Contributions to Candidates/Political Committees Coordinated Party Expenditures **Operating Expenses** Add Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone Fees (include city, state, & zip) \$5 - May, June Bank OZK PO Box 196 c, Level Registered (Specify) July, Aug, Sep, Ozark, AR 72949 Federal County: Oct Municipality: State e. Election Sum to Date \$

Disbursements

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| Pg | <u>2</u> | of | 4 | Yes Yes | \boxtimes | No | | | | |

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

| 1. Committee F | ull Name (and Fun | d if applicable) | | | 2. ID Number | | |
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| Parents to Elect | Meghan Hoppes | | | | | | |
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| E - Salaries | F* - Equipment | | | | ng Public Office Expenses ion to Legal Expense Fund | | |
| I - Postage O* - Other | J - Penalties | r- Oinc | e Expenses | A noust | ion to redui exhense Lana | | |
| | e detailed explanat | ion in required re | marks field (k) | | | | |

Disbursements

Pg 3 of 4

Amendment

Yes
N

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

1. Committee Full Name (and Fund if applicable) Parents to Elect Meghan Hoppes 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses 4. Pavee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone Digital Design (include city, state, & zip) Creative Business Solutions c. Level Registered (Specify) 805 McGowan Rd Shelby, NC 28150 Federal County: Municipality: e. Election Sum to Date State \$ h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks f. Account Code g. Form of Payment j. Amount Design for Tees MHCCS B 10/3/2022 \$40.03 Debit \$ Remove 4. Pavee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) **Bradlevs** c. Level Registered (Specify) 2522 W Dixon Blvd Shelby, NC 28152 Federal County: e. Election Sum to Date State Municipality: \$ b. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Screen for Tees В MHCCS Debit 9/30/2022 \$53.38 \$ 4. Payee Information Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Amazon c. Level Registered (Specify) 410 Terry Ave N Seattle, WA 98109 Federal County: c. Election Sun to BALELAND COUNTY BOE State Municipality: h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Tees **MHCCS** Debit В 9/26/2022 \$160.01 Ink for Tees MHCCS Debit В 9/26/2022 \$29.88 5. Total only this Page 283.80 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 3891.51 \$ (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) D - To Another Candidate A* - Media B* - Printing C* - Fundraising 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)

| | | | | | | | | Amendment | | |
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| Disbursements | | | | Pg | 4 | of | <u>4</u> | ☐ Yes | \boxtimes | N |
| | | | | | | | | | | |

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number Parents to Elect Meghan Hoppes 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Operating Expenses Coordinated Party Expenditures 4. Payee Information b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) **Bridget McCurry** 110 Maplewood Knoll East c. Level Registered (Specify) Flat Rock, NC 28726 Federal County: e. Election Sum to Date State Municipality: \$ f. Account Code g, Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks **Phone Banking** MHCCS Check C 10/17/2022 \$200.00 \$ 4. Payee Information Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Venmo 117 Barrow St c. Level Registered (Specify) New York, NY 10014 Federal County: State Municipality: e. Election Sum to Date \$ h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Venmo Fee C MHCCS Debit 9/17/2022 \$.57 \$ 4. Payee Information Add | Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Creative Business Essentials 805 McGowan Rd. c. Level Registered (Specify) <u>CLEVELAND COUNTY BOE</u> Shelby, NC 28150 Federal County: e. Election Sum to Datt 1 1 22 FMB:57 State Municipality: h. Purpose Code L Account Code g, Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Signs **MHCCS** Check B 10/27/2022 \$731.24 \$ 5. Total only this Page 931.81 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 3891.51 (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 J - Penalties K* - Office Expenses I - Postage Q* - Donation to Legal Expense Fund O* - Other

Codes require detailed explanation in required remarks field (k)