

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.

1. Committee Information		
a. Full Name	c. ID Number	
FRIENDS TO ELECT PHILLIP GLOVER	KCB9FP	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed	
125 CHICKASAW DR SHELBY, NC 28152	01/10/2023	
	e. Phone Number	
	(704) 297-5232	

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	10/01/2022	12/31/2022	JAMES R DAVIS

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
1				

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIDELITY BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
FOR RECEIPTS AND EXPENSES	01		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 2,710.81		\$

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

James R Davis
Printed Name of Signer

James R Davis
Signature of Appointed Treasurer

01/10/2023
Date

FOR OFFICE USE ONLY

Date Received: 1/11/23 Employee: RHS Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Signer has not received mandatory training

Date Scanned: _____ Employee: _____
 Signer has not received mandatory training

Date Data Entered: _____ Employee: _____
 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.

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

20110821 AM 11:29 AM

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
FRIENDS TO ELECT PHILLIP GLOVER	2022 Final	KLB9FP	
Start of Election Cycle: January 1, <u>2022</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,710.81	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)		\$ 825.00	\$ 3,825.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 855.62
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 1,700.00	\$ 1,700.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 2,525.00	\$ 6,380.62
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 4,550.65	\$ 6,575.46
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00	\$ 0.00
15) Loan Repayments (CRO-1420)		\$ 685.16	\$ 685.16
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,235.81	\$ 7,260.62
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 1,014.84	\$ 1,014.84
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRIENDS TO ELECT PHILLIP GLOVER						KCB9FP	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JERRY BLAKE 23496 SHERIFF ALLEN ROAD SHELBY, NC 28152				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
\$		25.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		10/25/2022	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PAM HARMON 805 MCGOWAN ROAD SHELBY, NC 28150				MARKETING			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED		e. Election Sum to Date	
\$		25.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		10/15/2022	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PHILLIP N HOUSER PO BOX 26 CLIFFSIDE, NC 28024				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Sum to Date	
\$		100.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		10/15/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 150.00	
5. Total of ALL CRO-1210 Pages						\$ 825.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

2007 APR 23 12:09 PM
 STATE BOARD OF ELECTIONS

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

CLEVELAND COUNTY BOE
MAY 11 2010 10:59

1. Committee Full Name (and fund if applicable)						2. ID Number	
FRIENDS TO ELECT PHILLIP GLOVER						KCB9FP	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RUBY H HUGHES 738 W SUMTER ST SHELBY, NC 28150				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		10/18/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RICHARD P IVEY JR 118 KENDALLWOOD DR SHELBY, NC 28152				POLICE OFFICER			
				c. Employer's Name/Specific Field			
				SHELBY POLICE DEPARTMENT		e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		10/15/2022	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARGRETTA MCKEE 2216 GAFFNEY RD SHELBY, NC 28152				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		10/15/2022	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 825.00	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
FRIENDS TO ELECT PHILLIP GLOVER						KCB9FP	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DAVID W ROYSTER III 212 FAIRWAY DR SHELBY, NC 28150				PRESIDENT			
				c. Employer's Name/Specific Field			
				CAPITOL FUNDS INC			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		10/14/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CONNIE P SAVELL 111 HALEY REANNA CT KINGS MOUNTAIN, NC 28086				RETIRED EDUCATOR			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		10/05/2022	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DAVID R TEDDY 139 WESTFIELD RD SHELBY, NC 28150				LAWYER			
				c. Employer's Name/Specific Field			
				TEDDY MEEKINS AND TALBERT			
						e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		10/04/2022	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 475.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 825.00	

CLEAN COPY FILED JAN 17 2008

Loan Proceeds

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

CLEVELAND COUNTY JUNE 23 2009

1. Committee Full Name (and Fund if applicable)		2. ID Number	
FRIENDS TO ELECT PHILLIP GLOVER		KCB9FP	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
PHILLIP W GLOVER 125 CHICKASAW DR SHELBY, NC 28152		OWNER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		SAFE LANE DRIVING SCHOOL	10/14/2022
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
%		01	Check
			k. Amount
			\$ 1,700.00
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan)</i>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>			\$ 1,700.00

Disbursements

Amendment
 Yes No

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) FRIENDS TO ELECT PHILLIP GLOVER	2. ID Number KCB9FP
---	-------------------------------

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)
 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) ACTBLUE SOMERVILLE, MA	b. Coordinated Committee Name	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 \$ 63.14	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Electric Funds Tran	C	10/19/2022	\$ 1.16	ONLIN EDONATION
01	Electric Funds Tran	C	10/27/2022	\$ 1.16	PORTAL FEE ONLINE DONATION PORTAL FEE

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WESTMORELAND PRINTERS INC 2020 E Dixon Blvd SHELBY, NC 28152 (704) 482-9100	b. Coordinated Committee Name	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 \$ 4,841.68	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	10/14/2022	\$ 4,548.33	MAILING SERVICE - CARDS
				\$	

5. Total only this Page \$ 4,550.65

6. Total of ALL CRO-1310 Pages \$ 4,550.65
 (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 (last 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

Amendment
 Yes No

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
FRIENDS TO ELECT PHILLIP GLOVER				KCB9FP	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
PHILLIP W GLOVER 125 CHICKASAW DR SHELBY, NC 28152					
				c. Original Loan Date	
				10/14/2022	
				d. Original Loan Amount	
				\$ 1,700.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0.00	01	Draft	12/14/2022	\$ 685.16	
\$				\$	
4. Total only this Page				\$ 685.16	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 685.16	

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Forgiven Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report any loan which has been forgiven by the lender.
 A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

CLEVELAND COUNTY BE
 00101821187
 11/11/2010 10:40

1. Committee Full Name (and Fund if applicable)		2. ID Number	
FRIENDS TO ELECT PHILLIP GLOVER		KCB9FP	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
PHILLIP W GLOVER 125 CHICKASAW DR SHELBY, NC 28152			
		c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		10/14/2022	\$ 1,014.84
		d. Original Loan Amount	g. Date (mm/dd/yyyy)
		\$ 1,700.00	12/14/2022
e. Remaining Loan Balance	h. Forgiven Amount		
\$ 0.00	\$ 1,014.84		
4. Total only this Page		\$ 1,014.84	
5. Total of ALL CRO-1440 Pages <i>(This line must be on line 26 of Detailed Summary Page CRO-1100)</i>		\$ 1,014.84	
The lender information should contain the same information as supplied on the original loan proceed statement.			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

RECEIVED
JAN 12 2023

Forgiven Loan Statement

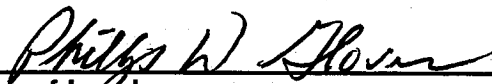
This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

This Statement is to be filed with the Election Board where the committee's reports are filed.


Name of Lender: Phillip Glover
Committee receiving loan: Friends to Elect Phillip Glover
Date of loan: 10/14/2022
Amount of original loan: \$1,700.00
*Amount of loan to be forgiven: \$1,014.84

I, Phillip Glover, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.



Signature of Lender



Signature of Committee Treasurer



NORTH CAROLINA STATE BOARD OF ELECTIONS

FILED CAMPAIGN REPORT
JAN 12 2023 AM 10:40

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Friends to Elect Phillip Glover

Treasurer Name: James R Davis

Treasurer Address: 411 Johnsfield Rd
 (include city, state, & zip) Shelby NC 28150

Treasurer Phone: 704-297-5232

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/10/2023
Date Signed

James R Davis
Signature