Disclosure Report C	'over		Amendment
		, must be signed and submitted a	Yes No
Do not use this form to undate	information	, 1113. 1 (2)1 <u>3</u> 1123 2113 1111 1111 113	The second contract of
1. Committee Information			
a. Full Name	VI I D	Λ :	c. ID Number
triends to	Elect Ronnie	Gri99	
b. Mailing Address include City, St			d. Date Filed
Donnin Evo	nette Grigg		10-2021
Runnie - va			e. Phone Number
114 Corine Lou	urt, Shelby, NC	18157	1704-739-1445
		End Date (mm/dd/yy) 5. Treasu	
	20.7	222-06	
9097 17A119	and a local	agadoga Dusar	
6. Type of Committee (Check Candidate Campaign Pa	One) 9. Type of Ke	port (check only one type of rep State/County	Referendum
	elerendum Organization		Organizational
	int Fundraiser 🔲 Thirty-five d		Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
7. Type of Fund ! if applicable	Pre-election c. check one) Pre-runoff	Second Third	Supplemental Final Annual
Booster Fund	Semi-anaual	Fourth	Special
Building Fund	☐ Mid Ye	the second secon	opec.al
grange	Year En	d Mid Year	10. Special Report Name
Other: 8. Number of Fundraisers this	Final	Year, End	CLEVELAN
o. Indiabet of Fandraisers this	Report Special	Final	OCT 31
	1	T same	
11. Account Information		Special	10111
		11. Account Information	00101
11. Account Information i. Financial Institution Full Name Wood Food H	anal Ray K		
	onal Ban K Ic. Account Code	11. Account Information a. Financial Institution Full Name	
. Financial Institution Full Name Wood Forest Natio	onal Bon K	11. Account Information	c. Account Code
i. Financial Institution Full Name Wood Forest Natio		11. Account Information a. Financial Institution Full Name	
. Financial Institution Full Name Wood Forest Natio	d. Period Begin Balance	11. Account Information a. Financial Institution Full Name	
Nood Forest Nation Full Name Wood Forest Nation Purpose Campaign		11. Account Information a. Financial Institution Full Name	c. Account Code
ERTIFICATION	d. Period Begin Balance	11. Account Information a. Financial Institution Full Name b. Purpose	c. Account Code d. Period Begin Balance
ERTIFICATION Le in paid the committee or Fundament in the committ	d. Period Begin Balance \$ 13.92 and is in compliance with all appli	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153
Lampaigh CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha	d. Period Begin Balance \$ 13.92 and is in compliance with all appliant no funds are commingled with	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 221	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153
ERTIFICATION Learning that the Committee or Fundamental Committee or F	d. Period Begin Balance \$ 13.92 and is in compliance with all appliant no funds are commingled with	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 221	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153
Lampaigh CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct	d. Period Begin Balance \$ 13.92 and is in compliance with all applied to the funds are commingled with and that I have been trained by	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 221	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153
Lampaigh CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Sugan Name He Le Printed Name of Signe	d. Period Begin Balance \$ 13.92 and is in compliance with all applied to no funds are commingled with a and that I have been trained by Connect League	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 221	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153
Lampaigh CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Susan Name He Le Printed Name of Signe OR OFFICE USE ONLY	d. Period Begin Balance \$ 13.92 and is in compliance with all applied to rounds are commingled with and that I have been trained by the complete of the compl	h. Purpose cable provisions of Article 22A, 22l prohibited or other non-disclosed fit the NC State Board of Elections. Manual Capallant ature of Appointed Treasurer	c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153 ands. I further certify that this 10-31-3032 Date
Lampaigh CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Sugan Name He Le Printed Name of Signe OR OFFICE USE ONLY	d. Period Begin Balance \$ 13.92 and is in compliance with all applied to no funds are commingled with a and that I have been trained by Connect League	h. Purpose cable provisions of Article 22A, 22l prohibited or other non-disclosed futhe NC State Board of Elections. Manualla January ature of Appointed Treasurer Deli	c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153 ands. I further certify that this 10-31-303-2 Date
Lampaigh CERTIFICATION Lectify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Susan Name of Size Printed Name of Size OR OFFICE USE ONLY Date Received:	d. Period Begin Balance \$ 13.92 and is in compliance with all appliant no funds are commingled with and that I have been trained by the content of the second of the seco	11. Account Information a. Financial Institution Full Name b. Purpose cubic provisions of Article 22A, 221 prohibited or other non-disclosed futhe NC State Board of Elections. Manualle Logalist ature of Appointed Treasurer Deli	c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153 ands. I further certify that this 10-31-303-2 Date Every Method Normal Mail
Lampaigh CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Sugan Name He Le Printed Name of Signe OR OFFICE USE ONLY	d. Period Begin Balance \$ 13.92 and is in compliance with all applied to no funds are commingled with a land that I have been trained by the complete of the standard of the	h. Purpose cable provisions of Article 22A, 22l prohibited or other non-disclosed futhe NC State Board of Elections. Manualla Januare of Appointed Treasurer ce: Deli	c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153 ands. I further certify that this 10-31-303-2 Date
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CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct Sugar Warmethe Learning of Signer OR OFFICE USE ONLY Date Received: Date Postmarked:	d. Period Begin Balance \$ 13.92 and is in compliance with all applied to recomming the with and that I have been trained by the complete of	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22l prohibited or other non-disclosed futhe NC State Board of Elections. Account Information b. Purpose cable provisions of Article 22A, 22l prohibited or other non-disclosed futher NC State Board of Elections. Account Information b. Purpose cable provisions of Article 22A, 22l prohibited or other non-disclosed futher NC State Board of Elections. Deliver the provisions of Article 22A, 22l prohibited or other non-disclosed futher NC State Board of Elections.	c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153 ands. I further certify that this 10-31-303 Date Very Method
ERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct Sugar Name Health Printed Name of Signe OR OFFICE USE ONLY Date Received: Date Postmarked: Date Data Entered:	d. Period Begin Balance \$ 13.92 and is in compliance with all applied to rounds are commingled with a and that I have been trained by the standard of the sta	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22l prohibited or other non-disclosed futhe NC State Board of Elections. Account Information b. Purpose cable provisions of Article 22A, 22l prohibited or other non-disclosed futhe NC State Board of Elections. Delivative Constitution Full Name Delivative Constitution Full Name	c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153 ands. I further certify that this 10-31-303 Date Every Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training
Date Postmarked: Date Potes Plate Date Postar Potes Printed Name Printed Name of Sizes Date Postmarked: Date Data Entered: Please Note: This form can.	d. Period Begin Balance \$ 13.92 and is in compliance with all applied to funds are commingled with a and that I have been trained by the standard of the stan	11. Account Information a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22l prohibited or other non-disclosed futhe NC State Board of Elections. Account Information b. Purpose cable provisions of Article 22A, 22l prohibited or other non-disclosed futher NC State Board of Elections. Account Information b. Purpose cable provisions of Article 22A, 22l prohibited or other non-disclosed futher NC State Board of Elections. Deliver the provisions of Article 22A, 22l prohibited or other non-disclosed futher NC State Board of Elections.	c. Account Code d. Period Begin Balance \$ 3 & 22D-22M of Chapter 153 ands. I further certify that this LO-31-3003 Date very Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training nittee address, treasurer.

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

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type o	f Report	3. ID Number
		T	
Start of Election Cycle: January 1,		Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		15 13.92	Š
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205	\$	S
6) Contributions from Individuals	(CRO-1210)	\$ 9500	\$
7) Contributions from Political Party Committees	(CRO-1220)	S	S
8) Contributions from Other Political Committees	(CRO-1230)	s	\$
9) Loan Proceeds	(CRO-1411)	5 5,00,00	5
10) Refunds/Reimbursements to the Committee	(CRO-1240)	5	S
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizati	ons (CRO-1250)	S	S
11c) Outside Sources of Income	(CRO-1250)		S
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	S
11e) Exempt Purchase Price Sales	(CRO-1265)	S	S
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,19,11a,11b.		· ·	\$
EXPENDITURES		L JUNEOW)	
3) Disbursements		(A)	
13a) Operating Expenditures	(CRO-1319)	527/17	\$
13b) Contributions to Candidates/Political Committe	ees (CRO-1317)	5	S
13c) Coordinated Party Expenditures	(CRO-1310)	S	CLEVEL N
Aggregated Non-Media Expenditures	(CRO-1315;	\$	S OCT 1
6) Loan Repayments	(CRO-1429)	S	\$
(i) Refunds/Reimbursements from the Committee	(CRO-1321);	S ·	S
) In-Kind Contributions	-	S	S
TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14		5 27612	S
Cash on Hand at End (Add lines 4 and 12 together, then			
DDITIONAL INFORMATION			
Non-Monetary Gifts Given to Other Committees	(CRO-1330),	5	
Outstanding Loans (incl. ones from other campaigns	i) (CRO-1430) 5		
Debts and Obligations owed by the Committee	(CRO-1619)	·	
Debts and Obligations owed to the Committee	(CRO-1620)		
Account Transfers Within the Committee	(CRO-1720), S		
Administrative Support	(CRO-1719) 5		S
Forgiven Loans	(CRO-1441), S	***	S
48-Hour Notice Reports Sum	CRO-22291 S		s
Contributions to be Refunded	(CRO-1215) S		· ·

Contributions from Individuals		Pg of _		
Use this form to report individual contributions over \$50	or contributions	under \$50 if form C	TRO 1205 is not used	
1. Committee Full Name (and Fund if applicable)			2. ID Number	
Triends to Elect Ronnie	Gri99			
r. Contributor information	☐ Add ☐	Remove		
a. Full Name. Mailing Address & Phone	b. Job Tide/I		d. Comments	
tinclude city, state, & zip)	Pot	iven		
Lynn W. Bridges 1055 Hunter Valley Road Shelby, N.C. 28150		Name/Specific Field		.
1055 Hunter Valley Road	a zanproyer	symmetopectric tiera		
Shelby, N.C. 28150			e. Election Sum to Date	-
			S	
t. Prior . g. Account Code h. Form of Payment i. In-Kind De-	scription	j. Dute (mm/dd/yy	yy) k. Amount	
O O Cleek to Camp	aign			_
a dona	TON	10-11-203		
	-,		\$	
		·	S	1
3. Contributor Information	☐ Add ☐ I	Remove		7
si. Full Name, Mailing Address & Phone (include city, state, & zip)	h. Joh Title/Pro	ofession	d. Comments	7
Women Republicans of Clevela	mil		A CHE /	
County (WeRDCC)	c. Employer's	iame/Specific Field	VLCV <u>CLI</u> 1071:	AND COUNTY BOE 31 '22 PH4:54
P.O. Bbx 3327				
			e. Election Sum to Date	
Shelby, N.C. 28151-3327			\$	
f. Prior 2. Account Code h. Form of Payment i. In-Kind Description		j. Date (mm/dd.yyyy) k. Amount	-
Check to b Rona	paign	10-11-202	s 5000	-
	SOF 10.	1 Maria		
			\$	
			S	
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Re	move		1
(include city, state, & zip)	b. Job Title/Prof.	ession d.	. Comments	1
	Retira	t I	•	
Marjoriethoper		me/Specific Field	•	
151 Beimal Roya				1
Kings Lountain N.C. 28081-9407			Election Sum to Date	.]
370-00 107			5 . •	
and the state of t		j. Date (mm/dd/yyyy)	k. Amount	
U CH 1386 NON	atton	10-11-2022	1520.00	
			\$	1
	·····		S	·
4. Total only this Page		1 ~		
5. Total of ALL CRO-1210 Pages			95.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)	,	\$	95.00	e de la companya de
CRO-1210 NC State Boar	d of Election	· · · · · · · · · · · · · · · · · · ·		

Loan Proceeds		ρ.,	of	Amendmen Yes	П №	
Use this form to report proceeds from a loan and loan end	lorser's informa	ition		[_] 16	L	•
A loan proceeds statement must accommany each loan the 1. Committee Full Name (and Fund if applicable)	it is from in ind	Evidua!		2. ID Number	_	-
	\\aa			L. ID Number		-
I riend Stotled Ronnie		1.0				4
a. Full Name, Mailing Address & Phone	b. Job Title.	Remove		T. c		4
(include city, state, & zip)	0. 300 Title.	Profession		d. Comments		-
Pourie Ciriaa	- Ret	red				
Ruhnie Grigg 114 Cori ne CT				e. Start Date (mn	vdd/yyyy)]
114 con ne CT	c. Employer	s Name/Specific	Field			
Shelby, N.C. 28152	In	ustry	'	f. End Date (mm/	dd/yyyy)	
12	Man	fort de	Vi Na			
g. Rate h. Security Pledged i. Ac	count Code	j. Form of Payr		k. Amount	·	1
0 %	n 1	Cool		5 5m	00	
Full Name of Lending Institution	/ 	(45)	1	m. Loan Number		
				at Loan Adminer		
1 Endargo Olahan T		·				
4. Endorsers/Makers (The people who guarantee the loan.) Full Name, Mailing Address & Phone	1					
(include city, state, & zip)	b. Job Title P.	rofession	e. Em	ployer's Name/Sp	ecific Field	
	_					
	d. Percentage		e. Am	oppt.	A	
					ULEVELH OCT	ND COUNTY BOE 11'22 PM4:54
			č S		UVI	1 ZZ [M-1-1-4
Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Pr	ofession	e. Emp	oloyer's Name/Spe	citic Field	
					ļ	
	d. Percentage	· · · · · · · · · · · · · · · · · · ·		 		
	d. Fercentage		e. Amo	ount		
Full Name, Mailing Address & Phone		<u></u>				
(include city, state, & zip)	b. Job Title/Pro	ofession	c. Emp	loyer's Name/Spec	cific Field	
	-					
	d. Percentage		e. Amot	unt		
		Sic.	 			
Full Name, Mailing Address & Phone			<u> </u>			
include city, state, & zip)	b. Job Title Prot	Tession	e. Empl	oyer's Name/Spec	ific Field	
	†					
	d. Percentage	7 % % *********************************	e. Amou	at		
		. <i>c</i>	S			
Total of ALL CDO 1410 D	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Total of ALL CRO-1410 Pages This line must be an line 9 of Detailed Summary Proc CRO 1100			\$	5000	- 1	



State Board of Elections 441 N Harmanin Society

Railigh, NO 276-3

Kim Westbrook Strach -Executive Director

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

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

· Name of committee to receive loan: Friends to Elect Romie Grigg]	
Person or committee to make loan: Ronnie Gnigg		
Date of loan to committee: 10-11-2022		
Name of lending institution and account number (source): Whod forest #185 200 2052		
• Amount of loan: \$\\\ \frac{\partial 500}{00}		
Description (if in-kind loan): <u>Campaign</u> CLEUE	AND G	
	31'22	јич і т Биі Рн 4: 54
		•
Period of loan:		
Rate of interest of loan:		
Security pledged for loan:		
1 7 (
(Person lending money to committee), acknowledge that all of the information	1	
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance/to any source.		
Signature of Lender Date Signature		
Augustle Long lost Date Signed		
Signature of Treasurer of Committee		* + .
CRO-6100 Date Signed Loan Proceeds Statement July 2014		

Disbursements	Pg of Tyes \bigcup No
Use this form to report expenditures from the com	imittee for operating expenses, contributions to candidate/political
commutatives and coordinated parts expenditures	
1. Committee Full Name (and Fund if applicabl	(e) 2. ID Number
Friends to Elect Ronnie	(4m 99
	CRO-1319 forms for each type of Disbursement.)
	didates Political Committees Coordinated Party Expenditures
4. Payee Information	Add Remove
i. Full Name, Mailing Address & Phone	b. Coordinated Committee Name d. Comments
include city, state. & zip	
Janet Whishant	
	c. Level Registered (Specify)
	Federal County: State Municipality: e. Election Sum to Date
	1/200
	5 60
Account Code g. Form of Payment h. Purpose Code	
A Chect 1005 stakes	10-20-2002 5 16000 Cards + Stakes
	5
. Payee Information	☐ Add ☐ Remove
Full Name, Mailing Address & Phone	b. Coordinated Committee Name d. Comments
(include city, state, & zip)	Descrations
Dollartine	[To 37 \] / ma
2011artree 2948-1 Franklin Blud	The state of the s
dy 48-1 tranklin blva	Federal County: Treat Even T State Manicipality: e. Election Sum to Date
Gastonia N.C. 28051-7:	d Little all
	204 541.46
Account Code g. Form of Payment h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount k. Required Remarks
Cash Event	10-17-202541.46
	S CLEVELONI OCT 31
Payee Information	☐ Add ☐ Remove
uil Name, Mailing Address & Phone	h. Coordinated Committee Name d. Comments
include city, state, & zip)	
Walmart	Carray 701
wanta 17	c. Level Registered (Specify)
705 E. Dixon Blvd.	
al il una nava-	- Control Sain to Date
The164, NC 28152	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ccount Code of Form of Payment h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount k. Required Remarks
Debit card Event	1018-2027-57466
	S
otal only this Page	4007
otal of ALL CRO-1310 Pages	#a/b/00. † 2
his line goes in line 13a of Detailed Summary Page CRO-110	O if Onerating Francus
his line goes in line 13b of Detailed Summary Page CRO-119	if Contrib to Candidates/Political Comm
his line goes in line 13c of Detailed Summary Page CRO-1190	if Coordinated Party Expenditures
urpose Codes (List detailed expenditure code i	
- Media B* - Printing (C* - Fundraising D - To Another Candidate
Salaries F* • Equipment (G - Political Party H* - Holding Public Office Expenses
Postage J - Penalties J Other	K* - Office Expenses Q* - Donation to Legal Expense Fund
Other odes require detailed explanation in required rec	