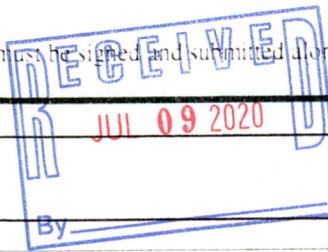


Disclosure Report Cover

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 <u>Friends of Shawn Murphy</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>245 Dixon School Rd. Kings Mtn., NC 28086</u>	d. Date Filed
	e. Phone Number <u>704-300-8760</u>

2. Report Year <u>2020</u>	3. Period Start Date (mm/dd/yy) <u>2-16-2020</u>	4. Period End Date (mm/dd/yy) <u>6-30-2020</u>	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 checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> 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)

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report

10. Special Report Name

II. Account Information		II. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance		d. Period Begin Balance
	\$ <u>100.00</u>		\$

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.

H. Shawn Murphy Printed Name of Signer H. Shawn Murphy Signature of Appointed Treasurer 07/09/2020 Date

FOR OFFICE USE ONLY

Date Received: 7-9-2020 Employee: CP

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

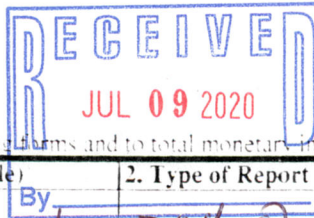
Registered Mail

Hand Delivered

Electronically Filed

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.

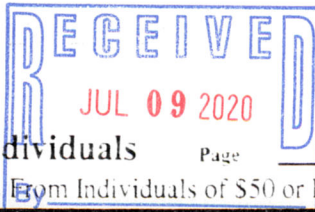


Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) <i>Friends of Shaun Murphy</i>		2. Type of Report <i>2nd Quarter</i>		3. ID Number	
Start of Election Cycle: <i>January 1, 2020</i>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ <i>100.00</i>		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ <i>50.00</i>		\$	
6) Contributions from Individuals (CRO-1210)		\$ <i>1000.00</i>		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
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)		\$ <i>1050.00</i>		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ <i>433.00</i>		\$	
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)		\$		\$	
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)		\$ <i>433.00</i>		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>717.00</i>		\$	
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)		\$		\$	



Aggregated Contributions from Individuals

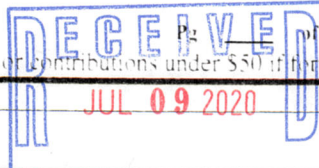
Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Friends of Shaun Murphy					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Cash		06/12/2020	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$
5. Total of ALL CRO-1205 Pages					\$ 50.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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



Amendment Yes No

1. Committee Full Name (and Fund if applicable) Friends of Shaun Murphy	2. ID Number
---	--------------

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Haron Shaunday Murphy 245 Dixon School Rd. Kings Mountain, NC 28086			Security Officer			
			c. Employer's Name/Specific Field			
			Securitas USA		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>				3/2/2020	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

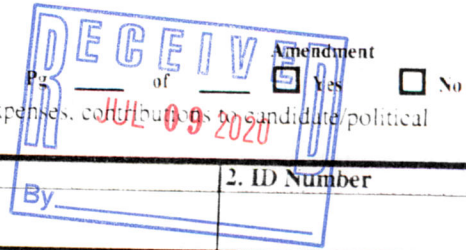
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dawn Neisler 405 Neisler Drive Kings Mountain, NC, 28086			Lead Grader			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		3/13/2020	\$ 500.00	
<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	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	

4. Total only this Page	\$
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 1000.00

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) **Friends of Shaun Murphy** 2. ID Number

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) Victory Company Victorystore.com 5200 30th St. SW Davenport, IA 52802	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 \$ 433.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		B	3/4/2020	\$ 433.00	Signs
				\$	

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) <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. 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) <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. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

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 goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
\$ 433.00

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)