Discl	losure	Report	Cover

Disclosure Report Cover

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									
withis b	PCPC 7L								
b. Mailing Address (include City, State and Zip Code)						d. Date Filed			
242 BENT 613EK14 1415						8/5/25			
KKKNELI	2/11/1	5 0	12 2	128/	e. Phone Number				
336894									
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period J	nd Date (mm/d	d/yy) 5. Treasur	er Fall Name	1			
7/1/	22	7/3	19/25	WAR	15 WAD	E APP			
6. Type of Committee (Check O				ly one type of repo	ort from one cate	egory)			
Candidate Campaign Party	13.5			ounty	Referendum				
PAC Referendum		Organizationa		Organizational		Organizational			
Independent Expenditure I Joint Fundraiser		Thirty-five day Quarterly		arterly	Pre-referendum				
Legal Expense Fund		Pre-primary		First	Final				
		Pre-election		Second	Supplemental	Final —			
7. Type of Fund (if applicable,		Pre-runoff		Third	Annual Annual	55			
Booster Fund		Semi-annual		Fourth	Special Special	<b>5</b>			
Building Fund		Mid Year	r Sei	ni-annual	(3)				
		Year End		Mid Year	10. Special Re	Special Report Name			
Other:		Final		Year End	en part	-0 (50			
8. Number of Fundraisers this l	Report	Special	Fin	al	trained of the same	most tip			
			☐ Spe	ecial	( c li	<u> </u>			
11. Account Information	A T M		11. Account I	nformation	Vostal Vo	w			
a. Financial Institution Full Name	11 1			tution Full Name		-			
PINNACLE 1	ENANG	1144							
b. Purpose	c. Account Code		b. Purpose		c. Account Code				
CANDIDATE TR		76	1		TCQCTL				
CAMPA/61	d. Period Begin Bala	ance			d. Period Begin Balance				
	\$ 779	78			\$	- 1			
CERTIFICATION									
I certify that the Committee or Fun	d is in compliance	with all appli	cable provisions	of Article 22A, 22l	3 & 22D-22M of 0	Chapter 163			
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.									
W/24/5 WARD APPLE 2200 Wales 8/5/25									
Printed Name of Signer Signature of Appointed Treasurer Date									
FOR OFFICE USE ONLY									
Date Received: Employ			ee:	Del	very Method Normal Mail				
Date Postmarked: Employe				Registered Mail Hand Delivered					
Date Scanned: Employe				Electronically Filed					
Date Data Entered:	Employ		ee:		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.									

WILLIS APPLE 445 BENT CREEK TRL KERNERSVILLE, NC 27284

GREENSBORO NC 270 PIEDMONT TRIAD AREA 5 AUG 2025 PM 6. L

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