

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																																					
ON SLOW PROTECT OUR STUDENTS			ONF-123456-N-001																																					
b. Mailing Address (include City, State and Zip Code)			d. Date Filed																																					
120 PIRATE ISLAND DR HUBERT, NC 28539			01/09/2023																																					
			e. Phone Number																																					
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																					
2022	10/23/2022	12/31/2022	MELANIE NORVELL																																					
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 <input type="checkbox"/> Joint Fundraiser <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input checked="" type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input 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 checked="" 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	
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<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)		10. Special Report Name																																						
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																																								
8. Number of Fundraisers this Report																																								
0																																								
3. Account Information		3. Account Information																																						
a. Financial Institution Full Name		a. Financial Institution Full Name																																						
UNION BANK																																								
b. Purpose	c. Account Code	b. Purpose	c. Account Code																																					
PROCESS POLITICAL TRANSACTIONS	001	RECEIVED																																						
	d. Period Begin Balance	JAN 10 2023	d. Period Begin Balance																																					
	\$ 2,365.23		\$																																					
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																																								
<u>Melanie Norvell</u>		<u>Melanie Norvell</u>		<u>01/09/2023</u>																																				
Printed Name of Signer		Signature of Appointed Treasurer		Date																																				
FOR OFFICE USE ONLY																																								
Date Received: _____	Employee: _____	Delivery Method																																						
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed																																						
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training																																						
Date Data Entered: _____	Employee: _____																																							
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)		2. Type of Report		3. ID Number	
ON SLOW PROTECT OUR STUDENTS		2022 Fourth Quarter		ONF-123456-N-001	
Start of Election Cycle: January 1, 2021			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 2,365.53		\$ 657.41
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 0.00		\$ 4.20
6) Contributions from Individuals		(CRO-1210)	\$ 0.00		\$ 1,121.36
7) Contributions from Political Party Committees		(CRO-1220)	\$ 0.00		\$ 0.00
8) Contributions from Other Political Committees		(CRO-1230)	\$ 0.00		\$ 0.00
9) Loan Proceeds		(CRO-1410)	\$ 0.00		\$ 0.00
10) Refunds/Reimbursements to the Committee		(CRO-1240)	\$ 90.12		\$ 2,196.85
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)			\$ 90.12		\$ 3,322.41
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 0.00		\$ 819.97
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$ 0.00		\$ 700.00
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)	\$ 0.00		\$ 0.00
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$ 0.00		\$ 0.00
17) In-Kind Contributions		(CRO-1510)	\$ 0.00		\$ 4.20
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 0.00		\$ 1,524.17
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 2,455.65		\$ 2,455.65
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)	\$ 0.00		\$ 0.00
27) 48-Hour Notice Reports Sum		(CRO-2220)	\$ 0.00		\$ 0.00
28) Contributions to be Refunded		(CRO-1215)	\$ 0.00		\$ 0.00

Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
ONslow PROTECT OUR STUDENTS			ONF-123456-N-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
REELECT BILL LANIER CONNITTEE 3011 STEEPLE CHASE CT JACKSONVILLE, NC 28546		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		h. Original Expenditure Date
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		04/06/2022
		Onslow		i. Original Expenditure Amt
				\$ 100.00
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date
		RTN OF FUNDS		\$ 9.88
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
001	Money Order		12/28/2022	\$ 90.12
4. Total only this Page				\$ 90.12
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ 90.12