

# 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

|  |                        |
|--|------------------------|
| <b>a. Full Name</b>  | <b>c. ID Number</b>    |
| COMMITTEE TO ELECT GENO BAKER                                |                        |
| <b>b. Mailing Address (include City, State and Zip Code)</b> | <b>d. Date Filed</b>   |
| 920 12 <sup>TH</sup> ST SW<br>HICKORY, NC 28602              | 07/25/25               |
|  | <b>e. Phone Number</b> |
|  | 828-284-0679           |

|                       |  |                                      |                               |
|-----------------------|--|--------------------------------------|-------------------------------|
| <b>2. Report Year</b> | <b>3. Period Start Date (mm/dd/yy)</b> | <b>4. Period End Date (mm/dd/yy)</b> | <b>5. Treasurer Full Name</b> |
| 2025                  | 1/1/2025                               | 6/30/2025                            | JENNIFER KERLEY               |

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

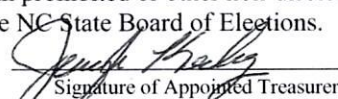
|   |                                |   |                                |
|---|--------------------------------|---|--------------------------------|
| <b>11. Account Information</b>            |                                | <b>11. Account Information</b>            |                                |
| <b>a. Financial Institution Full Name</b> |                                | <b>a. Financial Institution Full Name</b> |                                |
|   |                                |   |                                |
| <b>b. Purpose</b>                         | <b>c. Account Code</b>         | <b>b. Purpose</b>                         | <b>c. Account Code</b>         |
| CAMPAIGN ACCOUNT                          | 1                              |   |                                |
|   | <b>d. Period Begin Balance</b> |   | <b>d. Period Begin Balance</b> |
|   | \$ 150                         |   | \$                             |

## 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.

Jennifer Kerley

Printed Name of Signer



Signature of Appointed Treasurer

7/25/2025

Date

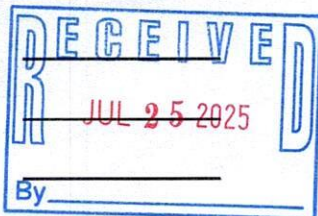
## FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:



Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

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.