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 c. ID Number a. Full Name BOBBY LINEBERGER FOR SHERIFF d. Date Filed b. Mailing Address (include City, State and Zip Code) 2564 GENELIA DR 07/30/2025 CLAREMONT, NC 28610 e. Phone Number (828) 303-1055 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) KEVIN BLACK 07/30/2025 2025 07/24/2025 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check One) State/County Referendum Municipal 🗙 Candidate Campaign 🔲 Party Organizational Organizational Organizational Joint Fundraiser ☐ PAC Pre-referendum Legal Expense Fund Thirty-five day Quarterly Referendum Final First (if applicable, check one) Pre-primary 7. Type of Fund Supplemental Final Pre-election Second "Booster Fund" Annual Pre-runoff П Third Building Fund Special Semi-annual Fourth Presidential Election Year Candidates Fund Mid Year Semi-annual NC Public Campaign Financing Fund Year End Mid Year 10. Special Report Name Final Year End Other: Final 8. Number of Fundraisers this Report Special Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name PEOPLES BANK c. Account Code c. Account Code b. Purpose b. Purpose CAMPAIGN CHECKING KRB ACCOUNT d. Period Begin Balance d. Period Begin Balance 0.00 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 07/30/2025 Signature of Appointed Treasurer Date Printed Name of Signer FOR OFFICEUSE ONLY Delivery Method Employee: Date Received: ■ Normal Mail ☐ Registered Mail Date Postmarked Employee: ■ Hand Delivered **3 1** 2025 ■ Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entere Employee: 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

Amendment ☐ Yes 🖾 No

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

	2. Type of Rep		3. I	D Numb	er
BOBBY LINEBERGER FOR SHERIFF	2025 Organiz	zational			-
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$	0.00	\$	0.00
RECEIPTS	.79				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	S	0.00
6) Contributions from Individuals	(CRO-1210)	\$	300.00	\$	300.00
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
(0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	S	0.00
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
(2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	300.00	\$	300.00
EXPENDITURES					
13) Disbursements	artial 15 Medical				
.13a) Operating Expenditures	(CRO-1310)	\$	0.00	\$	0.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	0.00
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	\$	0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	0.00	\$	0.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	\$	300.00	\$	300.00	
ADDITIONAL INFORMATION				necessaria.	
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	100	345
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 August 200

		om Individuals			g <u>1</u> of <u>1</u>		The second second	No No
		dividual contributions	Approximately and the second	ntributions u	nder \$50 if form CRO			*4
1. Committee Full Name (and Fund if applicable)						2.1	ID Number	1.00
BOBB	Y LINEBERGER	FOR SHERIFF						
3. Cont	ributor Informati	on		Add R	emove			
a. Full Name, Mailing Address & Phone			b. Job Title/Profession			d. Comments		
(include city, state, & zip)			LAW ENFORCEMENT					
SEAN	ROBERT LINES	ERGER						
2564 GENELIA DR			c. Employer's Name/Specific Field					
CLAREMONT, NC 28610			NC HIGHWAY PATROL		77 4 6 1 7			
(828) 303-1055					e. Election Sum to Date			
						\$	*	300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	KRB	Check			07/25/2025		\$	300.00
							\$	
							\$	
4. Total only this Page						1 \$	1	300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$		300.00
CRO-1210 NC State Board of Elections								April 2007