

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Kennedy for Commissioner	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 146 Sherrills Ford, NC 28673	d. Date Filed 03/14/2022
	e. Phone Number 704.237.0766

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 03/03/2022	4. Period End Date (mm/dd/yy) 03/14/2022	5. Treasurer Full Name Mark Wildman
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" 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 checked="" 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 type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	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)		10. Special Report Name		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report 0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name BlueHarbor Bank	b. Purpose For all campaign expenses	a. Financial Institution Full Name	b. Purpose
c. Account Code WBK	d. Period Begin Balance \$ 0	c. Account Code	d. Period Begin Balance \$

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.

MARK WILDMAN
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

3/12/21
Date

FOR OFFICE USE ONLY

Date Received: _____

Date Postmarked: **MAR 14 2022**

Date Scanned: _____

Date Data Entered: _____

By: _____

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.

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	
Kennedy for Commissioner		Organizational			
Start of Election Cycle: January 1, 2022			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 0		\$ 0
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>	\$ 50.00		\$ 50.00
6) Contributions from Individuals		<i>(CRO-1210)</i>	\$ 126.00		\$ 126.00
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>	\$		\$
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>	\$		\$
9) Loan Proceeds		<i>(CRO-1410)</i>	\$		\$
10) Refunds/Reimbursements to the Committee		<i>(CRO-1240)</i>	\$		\$
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>	\$		\$
11b) Contributions from Not-For-Profit Organizations		<i>(CRO-1250)</i>	\$		\$
11c) Outside Sources of Income		<i>(CRO-1250)</i>	\$		\$
11d) Legal Expense Fund - Other Sources		<i>(CRO-1270)</i>	\$		\$
11e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>	\$		\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)			\$ 176.00		\$ 176.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>	\$		\$
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>	\$		\$
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>	\$		\$
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>	\$		\$
15) Loan Repayments		<i>(CRO-1420)</i>	\$		\$
16) Refunds/Reimbursements from the Committee		<i>(CRO-1320)</i>	\$		\$
17) In-Kind Contributions		<i>(CRO-1510)</i>	\$ 126.00		\$ 126.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 126.00		\$ 126.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 50.00		\$ 50.00
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>	\$		
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>	\$		
22) Debts and Obligations owed by the Committee		<i>(CRO-1610)</i>	\$		
23) Debts and Obligations owed to the Committee		<i>(CRO-1620)</i>	\$		
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>	\$		
25) Administrative Support		<i>(CRO-1710)</i>	\$		\$
26) Forgiven Loans		<i>(CRO-1440)</i>	\$		\$
27) 48-Hour Notice Reports Sum		<i>(CRO-2220)</i>	\$		\$
28) Contributions to be Refunded		<i>(CRO-1215)</i>	\$		\$

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) Kennedy for Commissioner					2. ID Number
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	WBK	Check	Campaign banking account starting funds	03/03/2022	\$ 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					\$ 50.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 50.00

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Kennedy for Commissioner						
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	
Wendy Kennedy PO Box 146 Sherrills Ford, NC 28673			Strategic Customer Account Manager			
			c. Employer's Name/Specific Field Software Sales			
					e. Election Sum to Date	
					\$ 176.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	Filing Fee	03/04/2022	\$ 126.00	
<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"/>					\$	
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					\$ 126.00	
5. Total of ALL CRO-1210 Pages					\$ 126.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Kennedy for Commissioner			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Wendy Kennedy PO Box 146 Sherrills Ford NC 28673		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 176.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign filing fee		03/04/2022	\$ 126.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 126.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 126.00	