

# 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.

|   |                                   |
|---|-----------------------------------|
| <b>1. Committee Information</b>   |                                   |
| a. Full Name<br>COMMITTEE TO ELECT PAULA BELL   | c. ID Number<br>CAT-X013RI-C-001  |
| b. Mailing Address (include City, State and Zip Code)<br>4581 W NC 10 HWY<br>NEWTON, NC 28658 | d. Date Filed<br>11/30/2022       |
|   | e. Phone Number<br>(704) 691-5611 |

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>2. Report Year</b><br>2022 | <b>3. Period Start Date (mm/dd/yy)</b><br>10/23/2022 | <b>4. Period End Date (mm/dd/yy)</b><br>11/30/2022 | <b>5. Treasurer Full Name</b><br>PIETER DE NEEF |
|-------------------------------|--|--|---|

|   |  |  |   |   |
|---|--|--|---|---|
| <b>6. Type of Committee (Check One)</b>   |  | <b>9. Type of Report (check only one type of report from one category)</b> |   |   |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund        |  | <b>Municipal</b>   | <b>State/County</b>                       | <b>Referendum</b>                           |
|   |  | <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 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 checked="" type="checkbox"/> Final |   |
|   |  |  | <input type="checkbox"/> Special          |   |
| <b>7. Type of Fund (if applicable, check one)</b>   |  | <b>10. Special Report Name</b>   |   |   |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other: |  |  |   |   |
| <b>8. Number of Fundraisers this Report</b><br>0  |  |  |   |   |

|   |                                     |                                    |                               |
|---|-------------------------------------|------------------------------------|-------------------------------|
| <b>3. Account Information</b>                       |                                     | <b>3. Account Information</b>      |                               |
| a. Financial Institution Full Name<br>FIRST HORIZON |                                     | a. Financial Institution Full Name |                               |
| b. Purpose<br>CAMPAIGN                              | c. Account Code<br>FH01             | b. Purpose                         | c. Account Code               |
|   | d. Period Begin Balance<br>\$ 56.41 |                                    | d. Period Begin Balance<br>\$ |

**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

PIETER DE NEEF [Signature] 11/30/2022  
 Printed Name of Signer Signature of Appointed Treasurer 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.