Disclosure Rep	eral report and committee i	nformation,	must be signe	d and su	bmitted along wi		nendment  Yes No r detailed forms.
Do not use this form to update information  1. Committee Information							
a. Full Name	nation						c. ID Number
		1			A 1		c. 11) Number
Kevin		or La	vaiws	<u>: l le</u>	May	0/	
b. Mailing Address (include City, State and Zip Code)					ELECTRONICALLY		d. Date Filed
140 Box 43					SEE STATE WEBSITE		8/4/25
					FOR COMPLETE REPOR	,	e. Phone Number
Lewisville, NC 27023				WWW.NCSBE.GOV			336-254-7227
2. Report Year	3. Period Start Date (mm/d	CI/VVI	Period End D n/dd/yy)	ate	5. Treasurer 1	Full Na	ame
2025	07/01/20	+5 0	07/29/	200	75 K	ار دع	n M. Sharf
6. Type of Committee		9. Type of	Report	check or	nly one type of re	port fro	om one category)
Candidate Campai	gn Party  Referendum	Municipal	-11	State/0	County		Referendum
Independent	Joint Fundraiser	. —	nizational	ш	Organizational		Organizational
Expenditure Legal Expense Fur	_	JA Inin	y-five day		Quarterly	1	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-p	rimary		First	1	Final
Booster Fund"		=	lection		Second		Supplemental Final
Building Fund		Pre-r			Third	]	Annual
			-annual		Fourth	1	Special
Other:		=	Mid Year Year End		Semi-annual Mid Year		0. Special Report Name
		Final	Tom Diffe	H	Year End		o. Special Report Maine
8. Number of Fundraisers this Report Special					Final		
FIRST CITIZENSBONK					Special		My G
				11. Account Information			
a. Financial Institution Full Name				a. Financial Institution Full Name			
b. Purpose	c. Account Code		h Dave	•			5 (0)
Committee	1 1		b. Pur	oose			c. Account Code
checkin	111						
Chearn	d. Period Begin Balance	d. Period Begin Balance					d. Period Begin Balance
	\$ 11/25	\$ 11/25-					s children
CERTIFICATION	11,1005						* 819105
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.							
EOD OFFICE HOP ON	Printed Name of Signer		Signature of	of Appoint	ted Teasurer		Date
FOR OFFICE USE ON	LY					Del	ivery Method
Date Received:		Emp	loyee:				Normal Mail
Date Postmarked:		Employee:					Registered Mail
		Dilip.	loyco.				Hand Delivered
Date Scanned:		Employee:				H	Electronically Filed Signer has not received
Date Data Entered	: 1-1-1/11	Empl	loyee:				mandatory training
-446 (3) 13 13 34 34 34 35 3	form cannot be used to ame custodiar You must amend the Statem	of books in	formation, or	account	information.		treasurer, assistant freasurer,

leavioile, NC 37023 Sharp POBOX 43

Research Triangle Region 5 #UNG 2025 PW 4 L BALLIGHER 275

Forsyth County Board of Elocytours So Tricia Starkey

301 N. Chrostnut St.

2025 AUG -8 PN 3: 32

RECEIVED

Winsten-Salem, WC 27101