

Disclosure Report Cover

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.

Amendment

☐ Yes ☒ No

1. Committee Information	
a. Full Name <u>Kenon Crumble</u>	c. ID Number RECEIVED
b. Mailing Address (Include City, State and Zip Code) <u>35 Mariposa Lane</u> NC STATE BOARD OF ELECTIONS	d. Date Filed <u>12/14/23</u>
	e. Phone Number <u>336-907-0093</u>

2. Report Year <u>2023</u>	3. Period Start Date (mm/dd/yy) <u>12/14/23</u>	4. Period End Date (mm/dd/yy) <u>12/31/23</u>	5. Treasurer Full Name
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☐ Candidate Campaign	☐ Party	☒ Organizational	☒ Organizational
☐ PAC	☐ Referendum	☐ Thirty-five day	☐ Quarterly
☐ Independent Expenditure	☐ Joint Fundraiser	☐ Pre-primary	☐ First
☐ Legal Expense Fund		☐ Pre-election	☐ Second
		☐ Pre-runoff	☐ Third
		☐ Semi-annual	☐ Fourth
		☐ Mid Year	☐ Semi-annual
		☐ Year End	☐ Mid Year
		☐ Final	☐ Year End
		☐ Special	☐ Final
			☐ Special

7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ Booster Fund	☐ Building Fund		
☐ Other:			
8. Number of Fundraisers this Report <u>1</u>			

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Troist</u>	b. Purpose <u>Donations</u>	a. Financial Institution Full Name <u>Troist</u>	b. Purpose <u>Donations</u>
c. Account Code	d. Period Begin Balance <u>\$ 100</u>	c. Account Code	d. Period Begin Balance <u>\$ 25</u>

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.

Kenon Crumble [Signature] 12/22/23
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>12-28-23</u>	Employee: <u>KC</u>	Delivery Method ☐ Normal Mail ☒ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training
Date Postmarked: <u>12-26-23</u>	Employee: <u>KC</u>	
Date Scanned: <u>12-29-23</u>	Employee: <u>KC</u>	
Date Data Entered:	Employee:	

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
Start of Election Cycle: January 1, <u>2021</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ <u>1783.84</u>	\$ <u>1783.84</u>
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ <u>1683.84</u>	\$ <u>1683.84</u>	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$ <u>1783.84</u>	\$ <u>1783.84</u>	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	\$	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Contributions from Individuals

Pg ____ of ____

Amendment

☐ Yes

☒ No

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	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession c. Employer's Name/Specific Field 		d. Comments 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	
☐					\$	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession c. Employer's Name/Specific Field 		d. Comments 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	
☐					\$	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession c. Employer's Name/Specific Field 		d. Comments 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	
☐					\$	
☐					\$	
☐					\$	
4. Total only this Page						
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

Pg _____ of _____

☐ Yes ☒ No

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

CRO-1510

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Dec 26 2023

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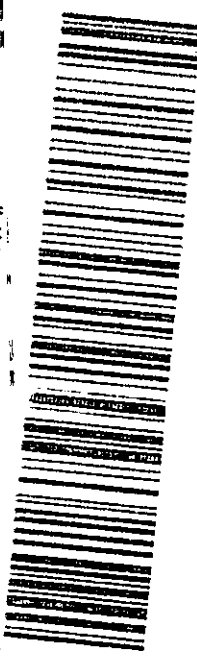
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KENON CRUMBLE
35 MARIPOSA LN
Clayton NC 27527

[0020]

SHIP TO:
STATE BOARD OF ELECTIONS
PO BOX 27255
RALEIGH NC 27611-7100

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