

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

how the committee's fun	ds are to be disbursed using	ng the eight allowable methods outlined in 163-278.16B(a).						
This Designation is filed		ns office where the committee's campaign reports are filed.						
Candidate Name:	Curtis Shay Ballance Committee to elect C. Shay Ballance							
Committee Name:								
Treasurer Name:	Curtis Shay Ballance							
If Candidate is own t	reasurer, designate ar	a agent to carry out designations: Pamela Griggs Ballance						
Committee ID #:								
Level Registered:	[State] [County] If	county, specify:						
								
I, C. Shay Ballance	, hereby	direct that in the event of my death or incapacity all						
funds remaining in n debts or reasonable	ny Campaign Commi expenses for windin	ttee account(s) (after payment of permitted outstanding g up the Committee or closing office) be paid in the en. Stat. 163-278.16B(a).						
	of Entity n §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)						
1. Lower Currituck Food		100%						
By signing this form	, I certify that the fore 3.16B(a). A copy of the	egoing entities are eligible beneficiaries under N.C. his form should be maintained with the Committee						
CRO-3900	Candidate .	Designation of Committee Funds						

Detailed Summary

Yes

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Nante (and Fund if applicable)	. Type of Report		(1) Number
Committee to elect C. Shay Ballance			8CF3EU
Start of Election Cycle: January 1,	2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 500.00	\$
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)	\$	S
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 Organization	ns <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	IId and IIe)	\$	\$
ない。「大きを動している。」 大変は異数が変われるよう。			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committee	ees (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)	\$	\$
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 subtr	act line 18)	\$	\$
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns		\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
and comparison of the committee	,	L.	

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)	\$ \$

CRO-1100

NC State Board of Elections

August 2008

Detailed Summary

× No

Use this form to summarize all disclosure reporting forms and to total monetary information.

i. Committee Kull Manie (and Fund il applicable)	2, Type of Report		3, D Number
Committee to elect C. Shay Ballance	Pre-Primary		8CF3EU
Start of Election Cycle: January 1,	2024	Total this	Total this
		Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 1719.00	\$
		·	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 2489.70	\$
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 Organizati	ons <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	c, IId and IIe)	\$ 2489.70	\$
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2318.31	\$
13b) Contributions to Candidates/Political Commi	ttees (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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then suit	btract line 18)	\$ 1890.39	\$
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	1 .
21) Outstanding Loans (incl. ones from other campaig	(ns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
	,	L	

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)	\$ \$

CRO-1100

NC State Board of Elections

August 2008

Contributions from Individuals

Pg

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Yes



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 Lapplicable)							2. ID Symber		
Commi	ttee to elect C.	Shay Ballance					8CF3EU		
3 Contr	a significanti Lavor significanti	ân.		ekdû ew Ren	eve .	Augusta (Carlos Carlos Car Augusta (Carlos Carlos Car			
a. Full Nai	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments			
(include	city, state, & zip)			Business Owner		Donation			
Lilias N	Morrison								
43 Fairway Drive, Southern Shores, NC 27949			c. Employer's Name/Sp	pecific Field					
				Self			į		
					e. Election S	um to Date			
						\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Gind Description j. Date (mm/dd/yy		/yy)	k. Amount		
	DDA	Check					\$ 250.00		
							\$		
							\$		
	igukon anamina	ion.			over w				
	ne, Mailing Address			b. Job Title/Profession		d. Comments			
(include	city, state, & zip)								
				c. Employer's Name/Sp	pecific Field				
						e. Election S	um to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	ууу)	k. Amount		
							\$		
						\$			
							\$		
3 Cantr	initos acroenat			add 🚅 🖫 Brit		enne (e. e.) No en			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts		

(include	e city, state, & zip)						
			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/y	уууу)	k. Amoun	t
						\$	
		-				\$	
						\$	
4. Tota	ıl only this Pa				\$		250.00
5. Tota	ii of ALL CRO		arka ndo		\$ \$ \$		1,894

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

Pg

_ of

Yes



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

1, Coma	rittee Fúll Name	(and Fund if applie	cable)			2. ID No	nber	
Commi	ttee to elect C	Shay Ballance					8CF3EU	
3, Cons	duköğ'inlörmet	i ğn		iAdd Ro	move			
a. Full Nar	ne, Mailing Address	& Phone	28 T 18 C. L.	b. Job Title/Profession	D	d. Comments		
(include	city, state, & zip)			Real Estate	V-10-	Filing fee		
C. Shay	Ballance							
345 Jar	visburg Rd. Ja	rvisburg NC, 279	47	c. Employer's Name/				
				Ballance Real Est	ate Ilc.			
						e. Election	Sum to Date	
						\$	144	
f. Prior	g. Account Code	b. Form of Payment	Form of Payment i. In-Kind Description j. Da		j. Date (mm/dd/y	ууу)	k. Amount	
						<u> </u>	\$	144.00
							\$	
							\$	
S.Contr	ingg katarmar	ion		Add Re	moye			4 0 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a. Full Na	ne, Mailing Address	& Phone		b. Job Title/Profession	מס	d. Comments		
(include	city, state, & zip)			Retired		Donation		
-	E. Lipman	11C 050 15						
P.O. Bo	ox 9 Jarvisburg	g, NC 27947						
				c. Employer's Name	Specific Field			
				N/A				
						e. Election	Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	DDA Check				12/7/2	2023	\$	500.00
							\$	
							\$	
3. Conti	ilmeter Informa	join .		Add R	move			1.5 (6/2) 2.5 (6/2)
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession)n	d. Comme	nts	

(include	e city, state, & zip)		Restaurant				
RV Ow	vens III						
Julie Owens		c. Employer's Name	c. Employer's Name/Specific Field				
			Self employed	Self employed			
					e. Election	Sum to Dat	e
					\$	1000.	00
f, Prior	g. Account Code	h. Form of Payment	i, In-Kind Description	j. Date (mm/dd/y	уууу)	k. Amou	int
	DDA	Check		12/20/	2023	\$	1000.00
						\$	
						\$	
4r Tole	a omydas ka	le de la companya de			\$		1,644
		Mato Pages			\$		
, Dist		oj madaten Surmidis Rob	ectory vi		<u> </u>		A:1 2007

CRO-1210 NC State Board of Elections April 2007

Disbursements

of

Yes



Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee I	ull Name (and Fun	d if applicable)			2, ID Number
3. Type of Disb	ursement <i>(Plea</i>	se use veni intelle	(0.3380) to ans to reach	tyne of Disburse	rients.
Operating E	expenses	Contributions to Can	didates/Political Committees	Сос	ordinated Party Expenditures
4. Payee Inford	nation		Alld	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	Vame	d. Comments
(include city, state,	& zip)				Filing fee
Currituck Coun	ty				
		•	c. Level Registered (Specify))	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 144.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Casher Check	h. Purpose Code	12/04/2023	144.00	Filing fee
				\$	
4. Payee Inform	nation **		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,	, & zip)				
			c. Level Registered (Specify))	_
			Federal	County:	-
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4 Payee infor	nation : 1840		Add	Realoye	

a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee Name			d. Comments		
(include city, state	, & zip)							
					1			
			c. Level Registered (Specify)				
			Federal	County:				
			State	Municipality:	e. Elect	tion Sum to Date		
		ļ			\$			
f, Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks		
				\$				
				\$				
5. Total only (l	us Page				\$	144.00		
6. Totálot AEI	Cika-tati Payes				4			
(This line goes i	n line 13b of Detailed Su	mmary Page CRO-11	00 if Operating Expenses) 00 if Contrib to Candidates/Po		\$	144.00		
	n line 13c of Detailed Su ITES (TEISS de faile à E	CIT NAMED OF THE COLUMN	00 if Coordinated Party Exper	nditures)				
A* - Media	B* - Printing	C* - Fund		D - To Anoth	ner Candi	idate		
E - Salaries	F* - Equipment		_	H* - Holdin	g Public	Office Expenses		
I - Postage	J - Penalties		e Expenses	Q* - Donati	on to Le	gal Expense Fund		
O* - Other								
* Codes read	re detailed explans	fion in required	emarks field (k)	CONTRACTOR	ina jir			

CRO-1310 NC State Board of Elections December 2009

Disclosure Report Cover

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

201		Р							, t, netter	
1. C	ommittee Infor	mation.				90 to 3 1 V- 30	2460-28 24 az 247			
a. Fu	ll Name								c. ID	Number
Com	mittee to elect C	C. Shay F	Ballance							8CF3EU
b. Ma	ailing Address (incl	ude City, S	State and Zip Code)						d. Dat	e Filed
345	Jarvisburg Rd. J	arvisburį	g NC, 27947							1/25/2024
									e. Pho	ne Number
										252-207-5656
2. R	eport Year). Period	t Start Date (mm/dd/)	e)Î	4. Period E	nd Dai	te (mm/	5. Treasurer Ful	Name	
2024 1/1/2024					2/17	/2024	•	Curtis Shay Balla	nce	
6. T	ype of Committ	ce (Che	k-One)	9.40	& St.Report	(¢	heck on	y one type of repo	t from (nię całegory)
X	Candidate Campa	ign	Party	Munic	ipal		State/Co	ounty	Refer	endum
	PAC Referendum		Referendum	Organizational			Organizational			Organizational
:	Independent Expenditure		Joint Fundraiser	Thirty-five day			Quarterly		X	Pre-referendum
	Legal Expense Fu	ınd								
7. T	ype of Fund	(fapplic	gible, check one)	x	Pre-primary		>	X First		Final
	"Booster Fund"				Pre-election			Second		Supplemental Final
	Building Fund				Pre-runoff			Third		Annual
				ļ	Semi-annual			Fourth		Special
					Mid Year		S	Semi-annual		
	Other:				Year End			Mid Year	10.8	ipecial Report Name
					Final			Year End		
8. Number of Fundraisers this Report			fiis Report		Special		I	Final		
								Special		
11.	Account Inform	ation				11. A	ccount l	nformation		
a. Fi	nancial Institution	Full Name				s. Fins	ncial Inst	itution Full Name		
Atla	ntic Union Bank	<u> </u>							-	
—	irpose		c. Account Code			b, Pur	pose		C.	Account Code
For	all campaign ex	penses	DI)A						

	d. Period Begin Balance			d. Period Begin Balance
	\$ 1,719.00			\$
CERTIFICATION				
the NC General Statutes	tee or Fund is in compliance and that no funds are commi ct and that I have been traine	ingled with prohibite	a or otner non-aisciosea iu	22B, & 22D-22M of Chapter 163 of ands. I further certify that this report is
C. Shay Balla	nce	()	Shar Carn	1/25/2024
1	Printed Name of Signer	Signati	are of Appointed Treasurer	Date
FOR OFFICE USE ONLY	Y			
Date Received:		Employee:		<u>Delivery Method</u> Normal Mail
Date Postmarked:		Employee:	,	Registered Mail Hand Delivered
Date Scanned:		Employee:		Electronically Filed Signer has not received
Date Data Entered:		Employee:		mandatory training
Please Note: This fo	orm cannot be used to amend custodian o	committee informat f books information,	ion such as the committee or account information.	address, treasurer, assistant treasurer,
Yo	ou must amend the Statemen	t of Organization (CI	RO-2100A-E) to make con	nmittee changes.
CRO-1000		NC State Board of Elect	tions	August 2008

Contributions from Individuals

	-			Voc	37	No
Pg		of	-	162	X	110

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

1. Comi	nitte Foll Name	case kung nappu	aole)	September 1982	2.1D kij		30.00	
Comm	ittee to elect C.	Shay Ballance				8CF3EU		
. (10 p. 10		iin i	Add	move #				
2. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	b. Job Title/Profession				
(includ	e city, state, & zip)		Restaurant	Restaurant				
Nichol	as Nuzzi							
220 Gr	iggs Acres Rd.	Point Harbor NC	c. Employer's Name	Specific Field				
			Dairy Queen					
					e. Election	Sum to Date		
					\$	250.00		
f. Prior	ior g. Account Code b. Form of Payment i. I		i. In-Kind Description	j. Date (mm/dd	/уууу)	k. Amount	. Amount	
	DDA	Check	Check		2024	\$	250.00	
						\$		
						\$		
		<u> </u>	A THE RESIDENCE OF THE PARTY OF	The second secon	的复数形式的现在分词形式的现在分词形式的	the state of the s		
S, Copi	eihtire ekatejanik	ikū.	Add	emove-				
	citiffe Ansorma ame, Mailing Address		Adil s. R b. Job Title/Professi	2000	d. Comme	nts		
a. Full Na				2000	d. Comme Donation	4.12		
a. Full No	ame, Mailing Address		b. Job Title/Professi	2000		4.12		
a. Full Na (includ	ame, Mailing Address le city, state, & zip)	a & Phone	b. Job Title/Professi	on		4.12		
a. Full Na (includ	ame, Mailing Address le city, state, & zip) B Braithwaite	a & Phone	b. Job Title/Professi Owner	on /Specific Field		4.12		
a. Full Na (includ	ame, Mailing Address le city, state, & zip) B Braithwaite	a & Phone	b. Job Title/Professi Owner c. Employer's Name	on /Specific Field	Donation	4.12		
a. Full Na (includ	ame, Mailing Address le city, state, & zip) B Braithwaite	a & Phone	b. Job Title/Professi Owner c. Employer's Name	on /Specific Field	Donation	1		
a. Full Na (includ	ame, Mailing Address le city, state, & zip) B Braithwaite	a & Phone	b. Job Title/Professi Owner c. Employer's Name	on /Specific Field	e. Election	Sum to Date		
a. Full Na (includ James PO Box	ame, Mailing Address le city, state, & zip) B Braithwaite 2481 Kitty Hawk	s & Phone NC 27949	b. Job Title/Professi Owner c. Employer's Name Duck Waterfront	/Specific Field Shops j. Date (mm/do	e. Election	Sum to Date	1000.00	
a. Full Na (includ James PO Box	ame, Mailing Address le city, state, & zip) B Braithwaite 2481 Kitty Hawk	h. Form of Payment	b. Job Title/Professi Owner c. Employer's Name Duck Waterfront	/Specific Field Shops j. Date (mm/do	e. Election \$	Sum to Date 1,000 k. Amount		
a. Full Na (includ James PO Box	ame, Mailing Address le city, state, & zip) B Braithwaite 2481 Kitty Hawk	h. Form of Payment	b. Job Title/Professi Owner c. Employer's Name Duck Waterfront	/Specific Field Shops j. Date (mm/do	e. Election \$	1,000 k. Amount		
a. Full Na (includ) James PO Box	ame, Mailing Address le city, state, & zip) B Braithwaite 2481 Kitty Hawk	b. Form of Payment Check	b. Job Title/Professi Owner c. Employer's Name Duck Waterfront i. In-Kind Description	/Specific Field Shops j. Date (mm/do	e. Election \$	1,000 k. Amount		

(include city, state, & zip) Steven Craddock 102 Hickory Hill Drive, Grandy NC 27939		Appraiser					
1,0 1,1			c. Employer's Name	/Specific Field			
			AppraiseNC4U,	Inc.			
					e. Election	Sum to Dat	te
					\$	239.7	0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/	уууу)	k. Amou	ınt
	DDA	A nedot		2/7/2	2024	\$	239.70
						\$	
						\$	
4.Tota	opy in Pa				\$. \$		1489.70
	4.79 9.45 1944	0×1210 Payes of Detailed Symmary Page	- do ma		\$		2,489,70

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

of - Yes X No

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

1. Com	nitteë Fall Name	(and Fund if applic	able)			2. ID Non	aber	
Comm	ittee to elect C	Shay Ballance					8CF3EU	
3. Com	rimitop Informat	ហ្វាំ	1.4	4dd Re	ntőve			
a. Full Na	me, Mailing Address	& Phone	15.00	b. Job Title/Profession	d. Comments			
(include	e city, state, & zip)			Attorney		Donation		
Willian	n Brumsey III							
PO Bo	x 100 Curritue	k, NC 27929		c. Employer's Name/S	Specific Field			
				Brumsey & Brums	sey			
						e. Election S	Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	DDA Check			2/7/20		024	\$	500.00
							\$	
····							\$	
3.Cont	ribular kujarny	1015 se		jadd ∴ Re	ijidve .			
a. Full Na	me, Mailing Addres	& Phone		b. Job Title/Professio	ń	d. Commen	its	
(includ	e city, state, & zip)			Attorney		Donation		
Willian	m Brumsey IV					_		
115 God	ose Castle Terrace	, Currituck NC 2792	9	c. Employer's Name/	Specific Field			
				Brumsey & Brum	sey			
						e. Election	Sum to Date	
						\$	500.00	1
				ł				
f. Prior	g. Account Code	h. Form of Payment	i. In-F	(ind Description	j. Date (mm/dd/	уууу)	k. Amount	
f. Prior	g, Account Code	h. Form of Payment Check	i. In-I	(ind Description	j. Date (mm/dd/)		k. Amount	500.00
f. Prior	 		i. In-F	Sind Description				
f. Prior	 		i. lo-ŀ	Sind Description			s	
	 	Check	i. In-l	Sind Description	2/7/2		\$	

(Include	e city, state, & zip)		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/	уууу)	k. Amount
<u> </u>						\$
·····						\$
						\$
4, Tota	l only this Pa	56			\$	1,000.00
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ı ÖLAFLERI	> 1210 Pages			\$	2,489,70

CRO-1210 NC State Board of Elections April 2007

Amendment

Disbursements

Pg

of

Yes

 Y_{No}

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	ull Name (and Fun	d if applicable)		Age of the second se		2. ID Number
Committee	To Elect C. Shay B	allance				8CF3EU
3. Type of Disb	ursement <i>(Plea</i>	e use separate C	reskiolomiska kaliga	type of Disburs	ment)	
X Operating E	xpenses	Contributions to Car	adidates/Political Committees	Co	ordinated	Party Expenditures
4. Payes Inform	ration		Add	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	Vame	d. Com	ments
(include city, state,	& zip)					
Neighborhood S	igns and Stickers, L	LC			_	
6655 Amberton	Drive, Suite L. Elkr	idge, MD	c. Level Registered (Specify)	·		
21075			Federal	X. County		
			State	Municipality:	e. Elec	tion Sum to Date
					\$ 18	370.25
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
	Check	B*	1/11/2024	\$1870.25	Sign	s
				\$		
4. Payee Inform	astjon 		Add	Remove	3 (10) a., (1)	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee	Name	d. Con	nments
(include city, state,	, & zip)					
Builders Discou	int Center		c. Level Registered (Specify			
Elizabeth City				County:X	-	
			Federal		- Flo	tion Sum to Date
			State	Municipality:	e. Elec	cuon Sum to Date
					\$ 34	46.65
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
	Check	F*		\$ 346.65	Lun	nber
				\$		
iviz (se fisio)	na llen		Add	Renave:		

a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state	, & zip)				
Print Plus					
4700 N. Croata	n Hwy. Kitty Hawk,	NC 27949	c. Level Registered (Specify	y)	
			Federal	County:X	
			State	Municipality:	e. Election Sum to Date
					\$ 101.41
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	B*	1/25/2024	\$ 101.41	Business Cards
				\$	
5 Total only 1	harape				\$ 2318.31
heridator Ab	A CALCULA SA DE CARGO				
(This line goes	in line 13b of Detailed Si	ummary Page CRO	1100 if Operating Expenses) 1100 if Contrib to Candidates/h		\$ 2318.31
The second secon	A STATE OF THE PROPERTY OF THE		1100 if Coordinated Party Expe	enditures)	
	ners (1955 in billion		index acove)	D - To And	other Candidate
A* - Media	B* - Printing		tical Party		ing Public Office Expenses
E - Salaries I - Postage	F* - Equipmen J - Penalties		Tice Expenses		ition to Legal Expense Fund
O* - Other	ire detailealexpian	ition in reacire	d remarks field (k)		

CRO-1310 NC State Board of Elections December 2009



Certification of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

KITED RA:	
Committee Name:	Committee to elect C. Shay Ballance
Treasurer Name:	C. Shay Ballance
Treasurer Address:	345 Jarvisburg Rd. Jarvisburg NC, 27947
(include city, state, & zip)	
Treasurer Phone:	252-207-5656

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

7/10/2024

Date Signed

C. Shay Bulling. Signature

RECEIVED

JUL 12 2024

IPPITUOU CO

CANDIDATE FILING PACKET / CHECKLIST

FILI	ING	FORMS	; A	ND	DOC	<u>UME</u>	<u>:NTS</u>

- Notice of Candidacy, Nickname Affidavit (if applicable)
- Filing Fee (must pay by check if filing fee is \$50 or more)
- Signage and Electioneering Information
- ✓ Littering statutes

CAMPAIGN FINANCE

Additional forms can be found at www.ncsbe.gov in the Campaign Finance section.

- Statement of Organization (CRO-2100A)** (The Certification of Treasurer form has been combined into Statement of Organization form-one document for BOTH)
- Treasurer Training Schedule or www.ncsbe.gov Campaign Finance section
- Certification of Financial Account Information (CRO-3500)**
- Candidate Designation of Committee Funds (CRO-3900)**

Candidates OVER \$1,000 Threshold:

- ∠ Disclosure Report Cover (CRO-1000)**
- Organizational Disclosure Report (due within 10 days) www.ncsbe.gov

Candidates UNDER \$1,000 Threshold:

(If eligible)

Certification of Threshold (CRO-3600)**

2024 Candidate's Guide to Campaign Finance in North Carolina.

**Forms must be completed and returned to Board of Elections within 10 days of filing.

Your forms must be received by 12-14-23

Candidate acknowledges receipt of this information C. Sy Calla-

Candidate <u>Shay Ballance</u> Da	te Filed <u>। ਕ- ੫-੩3</u>
 Statement of Organization (CRO-2100A)** 	Date Returned 12-11-23
 Certification of Financial Account Number (CRO-3500)** 	Date Returned 12-11-23
○ Certification of Treasurer (CRO-3100)**	Date Returned
 Candidate Designation of Committee Funds (CRO-3900)** 	'Date Returned <u> 1 えー 1 ー え ろ</u>
Candidates OVER \$1,000 Threshold:	
 Disclosure Report Cover (CRO-1000)** 	Date Returned 19-11-23
 Detailed Summary (CRO-1100)** 	Date Returned 12-11-23
Organizational Disclosure Report	Date Returned
Candidates UNDER \$1,000 Threshold: (if eligible)	Alca

Date Returned

Notes:

o Certification of Threshold (CRO-3600)**



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 upda	te information						
1. Committee in Committee					1. 3 /1		
a. Full Name							c. ID Number
Committee to elect C. Shay	Ballance						8CF3EU
b. Mailing Address (include City,	State and Zip Code)						d. Date Filed
345 Jarvisburg Rd. Jarvisbur	g NC, 27947						1/25/2024
							e. Phone Number
							252-207-5656
2. Report Year 3.Perio	d State Date-(mm/dd/)	j)	4. Period E dd/yy)	nd D at	e (mm/	5, Treasurer Ful	Name
2023	1/1/2023		12/3	1/2023	}	Curtis Shay Balla	nce
6 Type of Committee (City	ck (Opre)	9, Typ	e of Report	(el	reck on	ly one type of repoi	t from one category).
Candidate Campaign	Party	Municip	pal		State/C	ounty	Referendum
PAC	Referendum	(Organizational		(Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Т	Thirty-five day		C	Quarterly	Pre-referendum
Legal Expense Fund							
7. Type of Fund of Expli	cobies sheck one)	F	re-primary	:		First	Final
"Booster Fund"		F	Pre-election			Second	Supplemental Final
Building Fund		F	re-runoff			Third	Annual
		5	Semi-annual	Fourth		Fourth	Special
			Mid Year			Semi-annual	
Other:			Year End			Mid Year	10. Special Report Name
		I	Pinal			Year End	
8. Number of Equipment	this Report		Special		1	Final	
						Special	
11: Account Information:				Carlo San San	19.60	information	
a. Financial Institution Full Nam	e			a. Fina	ncial Inst	titution Full Name	
Atlantic Union Bank				b. Purp			c. Account Code
b. Purpose	c. Account Code			D. Furp	wat		WINDOWS COM
For all campaign expenses	DI)A					

•	d. Period Begin Balance			d. Period Begin Balance				
:	\$ 0			\$				
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.								
C. Shay Ballance		C. Shr Bulh		1/25/2024				
Printed Name of Signer		Sig	nature of Appointed Treasurer	Date				
FOR OFFICE USE ONLY								
Date Received:		Employee:		Delivery Method				
				Normal Mail				
	A	Employee:		Registered Mail				
Date Postmarked:				Hand Delivered				
Date Scanned:	and the state of t	Employee:		Electronically Filed				
				Signer has not received				
Date Data Entered:		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.								
CRO-1000	NO	C State Board of F	Elections	August 2008				

Detailed Summary

Yes



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		5. D) Number	
Committee to elect C. Shay Ballance	Year end		8CF3EU	
Start of Election Cycle: January 1,	2023	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 0	\$	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	\$ 1,894	\$		
7) Contributions from Political Party Committees	\$	\$		
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 Organization	ns <i>(CRO-1250)</i>	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	\$ 1,894	\$		
13) Disbursements	<u> </u>			
13a) Operating Expenditures	(CRO-1310)	\$ 144	\$	
13b) Contributions to Candidates/Political Committee	ees (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)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	\$ 144	\$		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	\$ 1750	\$ 1750		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaign		\$		
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)	\$ \$

CRO-1100 NC State Board of Elections August 2008