



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).

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

Candidate Name: Curtis Shay Ballance

Committee Name: Committee to elect C. Shay Ballance

Treasurer Name: Curtis Shay Ballance

If Candidate is own treasurer, designate an agent to carry out designations: Pamela Griggs Ballance

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Currituck County

I, C. Shay Ballance, hereby direct that in the event of my death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Lower Currituck Food Pantry</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: C. Shay Ballance

Date: 12/11/2023

Detailed Summary

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	
Committee to elect C. Shay Ballance		8C F3EU	
Start of Election Cycle: January 1, <u>2024</u>	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) \$	\$	
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) \$	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265) \$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310) \$	\$	
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) \$	\$	
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)	\$	\$	
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	<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>	\$	\$

CRO-1100

NC State Board of Elections

August 2008

Detailed Summary

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	
Committee to elect C. Shay Ballance		Pre-Primary		8CF3EU	
Start of Election Cycle: January 1, 2024			Total this Reporting Period		Total this 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 Organizations			(CRO-1250) \$		\$
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, 11d and 11e)			\$ 2489.70		\$
13) Disbursements					
13a) Operating Expenditures			(CRO-1310) \$ 2318.31		\$
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) \$		\$
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)			\$ 1890.39		\$
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	<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>	\$	\$

CRO-1100

NC State Board of Elections

August 2008

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	
Committee to elect C. Shay Ballance					8CF3EU	
3. Contributor Information					Add	
a. Full Name, Mailing Address & Phone (include city, state, & zip)					b. Job Title/Profession	
Lilias Morrison 43 Fairway Drive, Southern Shores, NC 27949					Business Owner	
					c. Employer's Name/Specific Field	
					Self	
					d. Comments	
					Donation	
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	DDA	Check			\$ 250.00	
					\$	
					\$	
3. Contributor Information					Add	
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	
a. Full Name, Mailing Address & Phone					b. Job Title/Profession	
					d. Comments	

(include 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/yyyy)	k. Amount
					\$
					\$
					\$
4. Total only this Page				\$	250.00
5. Total of ALL CRO-1210 Pages				\$	1,894
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg

-

of

-

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	
Committee to elect C. Shay Ballance					8CF3EU	
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
C. Shay Ballance 345 Jarvisburg Rd. Jarvisburg NC, 27947			Real Estate		Filing fee	
			c. Employer's Name/Specific Field			
			Ballance Real Estate llc.		e. Election Sum to Date	
					\$ 144	
f. Prior	g. Account Code	b. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
					\$ 144.00	
					\$	
					\$	
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Barry E. Lipman P.O. Box 9 Jarvisburg, NC 27947			Retired		Donation	
			c. Employer's Name/Specific Field			
			N/A		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	b. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	DDA	Check		12/7/2023	\$ 500.00	
					\$	
					\$	
3. Contributor Information			Add	Remove		
a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comments	

(include city, state, & zip)		Restaurant			
RV Owens III		c. Employer's Name/Specific Field			
Julie Owens		Self employed		e. Election Sum to Date	
				\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	DDA	Check		12/20/2023	\$ 1000.00
					\$
					\$
4. Total only this Page				\$	1,644
5. Total of ALL CRO-1210 Pages				\$	
<i>[This line must be on line 6 of Detailed Summary Report CRO-1210]</i>					

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
3. Type of Disbursement <i>(Please use separate CRG-1310 forms for each type of Disbursement.)</i>					
Operating Expenses		Contributions to Candidates/Political Committees		Coordinated Party Expenditures	
4. Payee Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Currituck County		c. Level Registered (Specify)		Filing fee	
		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 Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		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 Information			Add	Remove	

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			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
				\$	
				\$	
5. Total only this Page					\$ 144.00
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 144.00
7. Purpose Codes (Use detailed expenditure code in (h) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disclosure Report Cover

Amendment
 Yes X 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			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. Jarvisburg NC, 27947			1/25/2024	
			e. Phone Number	
			252-207-5656	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2024	1/1/2024	2/17/2024	Curtis Shay Ballance	
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	Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	Referendum	Organizational	Organizational	Organizational
<input type="checkbox"/> Independent Expenditure	Joint Fundraiser	Thirty-five day	Quarterly	<input checked="" type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input checked="" type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	Final
"Booster Fund"		Pre-election	Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual
Other:		Semi-annual	Fourth	Special
		Mid Year	Semi-annual	
		Year End	Mid Year	10. Special Report Name
		Final	Year End	
8. Number of Fundraisers this Report		Special	Final	
			Special	
11. Account Information			11. Account Information	
a. Financial Institution Full Name			a. Financial Institution Full Name	
Atlantic Union Bank				
b. Purpose	c. Account Code		b. Purpose	c. Account Code
For all campaign expenses	DDA			

d. Period Begin Balance

\$ 1,719.00

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.

C. Shay Ballance

Printed Name of Signer



Signature of Appointed Treasurer

1/25/2024

Date

FOR OFFICE USE ONLY

Delivery Method

Date Received: _____

Employee: _____

Normal Mail

Date Postmarked: _____

Employee: _____

Registered Mail

Date Scanned: _____

Employee: _____

Hand Delivered

Date Data Entered: _____

Employee: _____

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.

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	
Committee to elect C. Shay Ballance					8CF3EU	
3. Contributor Information					Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Nicholas Nuzzi 220 Griggs Acres Rd. Point Harbor NC			Restaurant		Donation	
			c. Employer's Name/Specific Field			
			Dairy Queen		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	DDA	Check		1/3/2024	\$ 250.00	
					\$	
					\$	
3. Contributor Information					Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
James B Braithwaite PO Box 2481 Kitty Hawk NC 27949			Owner		Donation	
			c. Employer's Name/Specific Field			
			Duck Waterfront Shops		e. Election Sum to Date	
					\$ 1,000	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	DDA	Check		1/8/2024	\$ 1000.00	
					\$	
					\$	
3. Contributor Information					Add Remove	
a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comments	

(include city, state, & zip)		Appraiser			
Steven Craddock 102 Hickory Hill Drive, Grandy NC 27939		c. Employer's Name/Specific Field			
		AppraiseNC4U, Inc.		e. Election Sum to Date	
				\$ 239.70	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	DDA	Check Anedot		2/7/2024	\$ 239.70
					\$
					\$
4. Total only this Page				\$	1489.70
5. Total of ALL CRO-1210 Pages				\$	2,489,70
<i>(This line must be on the 6 of Detailed Summary Page CRO-1100)</i>					

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	
Committee to elect C. Shay Ballance						8CF3EU	
3. Contributor Information						Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
William Brumsey III PO Box 100 Currituck, NC 27929			Attorney		Donation		
			c. Employer's Name/Specific Field				
			Brumsey & Brumsey		e. Election Sum to Date		
					\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
	DDA	Check			2/7/2024	\$ 500.00	
						\$	
						\$	
3. Contributor Information						Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
William Brumsey IV 115 Goose Castle Terrace, Currituck NC 27929			Attorney		Donation		
			c. Employer's Name/Specific Field				
			Brumsey & Brumsey		e. Election Sum to Date		
					\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
	DDA	Check			2/7/2024	\$ 500.00	
						\$	
						\$	
3. Contributor Information						Add Remove	
a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comments		

(include city, state, & zip)					
				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					\$ 1,000.00
5. Total of All CRO-1210 Pages					\$ 2,489.70
<i>(This line must be on line 6 of Detailed Summary Page CRO-1210)</i>					

Disbursements

Pg

of

Yes

No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee To Elect C. Shay Ballance					8CF3EU
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Neighborhood Signs and Stickers, LLC 6655 Amberton Drive, Suite L. Elkridge, MD 21075		c. Level Registered (Specify)		e. Election Sum to Date	
		Federal		X. County	
		State		Municipality:	
				\$ 1870.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	B*	1/11/2024	\$1870.25	Signs
				\$	
4. Payee Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Builders Discount Center Elizabeth City		c. Level Registered (Specify)		e. Election Sum to Date	
		Federal		County: X	
		State		Municipality:	
				\$ 346.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	F*		\$ 346.65	Lumber
				\$	
4. Payee Information			Add	Remove	

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Print Plus 4700 N. Croatan Hwy. Kitty Hawk, NC 27949					
			c. Level Registered (Specify)		
			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 this Page					\$ 2318.31
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					\$ 2318.31
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
Purpose Codes (Use detailed expenditure code in (h) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
Codes require detailed explanation in required remarks field (k)					



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.

FILED BY:

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 Ballance
Signature

RECEIVED

JUL 12 2024

CURRITUCK COUNTY
BOARD OF ELECTIONS

CANDIDATE FILING PACKET / CHECKLIST

FILING FORMS AND DOCUMENTS

- Voter Profile
- 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)**
- Detailed Summary (CRO-1100)**
- 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. By Beth.

Candidate Shay Ballance Date Filed 12-4-23

- 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 12-11-23

Candidates **OVER \$1,000** Threshold:

- Disclosure Report Cover (CRO-1000)** Date Returned 12-11-23
- Detailed Summary (CRO-1100)** Date Returned 12-11-23
- ~~Organizational Disclosure Report~~ ~~Date Returned _____~~

Candidates **UNDER \$1,000** Threshold: (if eligible)

- Certification of Threshold (CRO-3600)** Date Returned N/A
~~12-11-23~~

Notes:

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

1. Committee Information				
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. Jarvisburg NC, 27947			1/25/2024	
			e. Phone Number	
			252-207-5656	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2023	1/1/2023	12/31/2023	Curtis Shay Ballance	
6. Type of Committee (Check One)		7. Type of Report (check only one type of report from one category)		
Candidate Campaign	Party	Municipal	State/County	Referendum
PAC	Referendum	Organizational	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Legal Expense Fund				
7. Type of Fund (if applicable, check one)		Pre-primary	First	Final
"Booster Fund"		Pre-election	Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual
		Semi-annual	Fourth	Special
Other:		Mid Year	Semi-annual	
		Year End	Mid Year	10. Special Report Name
		Final	Year End	
8. Number of Fundraisers this Report		Special	Final	
			Special	
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Atlantic Union Bank				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
For all campaign expenses	DDA			

d. Period Begin Balance
\$ 0

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.

C. Shay Ballance



1/25/2024

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

		<u>Delivery Method</u>	
Date Received: _____	Employee: _____	Normal Mail	
Date Postmarked: _____	Employee: _____	Registered Mail	
Date Scanned: _____	Employee: _____	Hand Delivered	
Date Data Entered: _____	Employee: _____	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

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	
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 (CRO-1210)			\$ 1,894		\$
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)			\$		\$
11 e) Exempt Purchase Price Sales (CRO-1265)			\$		\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 1,894		\$
13) Disbursements					
13a) Operating Expenditures (CRO-1310)			\$ 144		\$
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)			\$		\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 144		\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 1750		\$ 1750
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	<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>	\$	\$

CRO-1100

NC State Board of Elections

August 2008