

# 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.

WATKINS COUNTY BOARD OF ELECTIONS

2018 JAN 26 PM 4:43

RECEIVED

<b>1. Committee Information</b>		<b>c. ID Number</b>
a. Full Name EUNICE CAMPBELL FOR SCHOOL BOARD		
b. Mailing Address (include City, State and Zip Code) NC		d. Date Filed 01/26/2018
		e. Phone Number

<b>2. Report Year</b> 2017	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2017	<b>4. Period End Date (mm/dd/yy)</b> 12/31/2017	<b>5. Treasurer Full Name</b> EUNICE CAMPBELL FOR SCHOOL BOARD
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<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	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name WOOD FOREST		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Account Code EC4SB	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 50.00		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

Eunice Campbell Printed Name of Signer      Eunice Campbell Signature of Appointed Treasurer      01/26/2018 Date

**FOR OFFICE USE ONLY**

Date Received: 1/26/18      Employee: [Signature]      Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered (Cover)       Electronically Filed  
 Signer has not received mandatory training

Date Postmarked: \_\_\_\_\_      Employee: \_\_\_\_\_  
 Date Scanned: \_\_\_\_\_      Employee: \_\_\_\_\_  
 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.