

# 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.

<b>1. Committee Information</b>			
<b>a. Full Name</b> UNION COUNTY DEMOCRATIC COMMITTEE		<b>c. ID Number</b> STA-C3935N-C-001	
<b>b. Mailing Address (include City, State and Zip Code)</b> PO BOX 81 MONROE, NC 28111		<b>d. Date Filed</b> 10/25/2024	
		<b>c. Phone Number</b> (704) 458-6380	
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;"> RECEIVED OCT 28 2024 NC STATE BOARD OF ELECTIONS </div> </div>			
<b>2. Report Year</b> 2024	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2024	<b>4. Period End Date (mm/dd/yy)</b> 10/19/2024	<b>5. Treasurer Full Name</b> KRYSTAL EDWARDS
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
<b>8. Number of Fundraisers this Report</b> 2			
<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b> FIFTH THIRD BANK		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> FINANCIAL FUNDING ACCOUNT	<b>c. Account Code</b> 0242	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$		<b>d. Period Begin Balance</b> \$
<b>CERTIFICATION</b>			
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			
<u>Pearl Hawk</u> Printed Name of Signer		<u>Pearl Hawk</u> Signature of Appointed Treasurer	
		10/25/2024 Date	
<b>FOR OFFICE USE ONLY</b>			
<b>Date Received:</b>	10/28/24	<b>Employee:</b>	<u>[Signature]</u>
<b>Date Postmarked:</b>	10/25/24	<b>Employee:</b>	<u>[Signature]</u>
<b>Date Scanned:</b>	10/31/24	<b>Employee:</b>	<u>[Signature]</u>
<b>Date Data Entered:</b>		<b>Employee:</b>	<u>[Signature]</u>
		<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> 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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
UNION COUNTY DEMOCRATIC COMMITTEE		2024 Third Quarter		STA-C3935N-C-001	
<b>Start of Election Cycle: January 1, 2023</b>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 16,261.63		\$ 3,508.29	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals (CRO-1205)</b>		\$ 1,349.50		\$ 5,705.94	
<b>6) Contributions from Individuals (CRO-1210)</b>		\$ 6,742.65		\$ 35,758.51	
<b>7) Contributions from Political Party Committees (CRO-1220)</b>		\$ 0.00		\$ 375.00	
<b>8) Contributions from Other Political Committees (CRO-1230)</b>		\$ 0.00		\$ 0.00	
<b>9) Loan Proceeds (CRO-1410)</b>		\$ 0.00		\$ 0.00	
<b>10) Refunds/Reimbursements to the Committee (CRO-1240)</b>		\$ 0.00		\$ 0.00	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts (CRO-1250)</b>		\$ 0.00		\$ 0.00	
<b>11b) Contributions from Not-For-Profit Organizations (CRO-1250)</b>		\$ 0.00		\$ 0.00	
<b>11c) Outside Sources of Income (CRO-1250)</b>		\$ 0.00		\$ 100.00	
<b>11d) Legal Expense Fund- Other Sources (CRO-1270)</b>		\$ 0.00		\$ 0.00	
<b>11e) Exempt Purchase Price Sales (CRO-1265)</b>		\$ 0.00		\$ 0.00	
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>		\$ 8,092.15		\$ 41,939.45	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures (CRO-1310)</b>		\$ 4,554.63		\$ 23,525.14	
<b>13b) Contributions to Candidates/Political Committees (CRO-1310)</b>		\$ 0.00		\$ 0.00	
<b>13c) Coordinated Party Expenditures (CRO-1310)</b>		\$ 0.00		\$ 0.00	
<b>14) Aggregated Non-Media Expenditures (CRO-1315)</b>		\$ 313.84		\$ 2,062.29	
<b>15) Loan Repayments (CRO-1420)</b>		\$ 0.00		\$ 0.00	
<b>16) Refunds/Reimbursements from the Committee (CRO-1320)</b>		\$ 0.00		\$ 0.00	
<b>17) In-Kind Contributions (CRO-1510)</b>		\$ 1,462.65		\$ 1,837.65	
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 6,331.12		\$ 27,425.08	
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 18,022.66		\$ 18,022.66	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees (CRO-1330)</b>		\$ 0.00			
<b>21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)</b>		\$ 0.00			
<b>22) Debts and Obligations owed by the Committee (CRO-1610)</b>		\$ 0.00			
<b>23) Debts and Obligations owed to the Committee (CRO-1620)</b>		\$ 0.00			
<b>24) Account Transfers Within the Committee (CRO-1720)</b>		\$ 0.00			
<b>25) Administrative Support (CRO-1710)</b>		\$ 0.00		\$ 0.00	
<b>26) Forgiven Loans (CRO-1440)</b>		\$ 0.00		\$ 0.00	
<b>27) 48-Hour Notice Reports Sum (CRO-2220)</b>		\$ 0.00		\$ 0.00	
<b>28) Contributions to be Refunded (CRO-1215)</b>		\$ 0.00		\$ 0.00	

**CERTIFIED MAIL®**

**Retail**

**NC 27611**

**U.S. POSTAGE PAID  
FCM LETTER**

**WAXHAW, NC 28173  
OCT 25, 2024**



27611

**\$9.68**

7022 0410 0003 0560 4860

**RDC 99**

**S2324N504688-18**

*NC State Board of Elections  
Campaign Finance Dept.  
P.O. Box 27255  
Raleigh, NC 27611-7255*

27611-725555

