

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 | | REPORT FILED ELECTRONICALLY SEE STATE WEBSITE FOR COMPLETE REPORT WWW.NCSBE.GOV | c. ID Number | | |
| COMMITTEE TO RE-ELECT SHERIFF KIMBROUGH | | | | | |
| b. Mailing Address (include City, State and Zip Code) | | SEE STATE WEBSITE FOR COMPLETE REPORT WWW.NCSBE.GOV | d. Date Filed | | |
| 857 WEST FIFTH STREET WINSTON SALEM, NC 27101 | | | 01/30/2026 | | |
| | | | e. Phone Number | | |
| | | | | (336) 777-3480 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | | |
| 2025 | 07/01/2025 | 12/31/2025 | LYNNE HOLTON | | |
| 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 <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | | Municipal State/County Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> Pre-primary <input type="checkbox"/> First <input type="checkbox"/> Pre-election <input type="checkbox"/> Second <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third <input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth <input type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Mid Year <input type="checkbox"/> Final <input type="checkbox"/> Year End <input type="checkbox"/> Special <input type="checkbox"/> Final <input type="checkbox"/> <input type="checkbox"/> Special | | |
| 7. Type of Fund (if applicable, check one) | | | 10. Special Report Name | | |
| <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: | | | 2026 JAN 30 P 11:27 | | |
| 8. Number of Fundraisers this Report | | | | | |
| 0 | | | | | |
| 3. Account Information | | | 3. Account Information | | |
| a. Financial Institution Full Name | | | a. Financial Institution Full Name | | |
| PINNACLE BANK | | | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code | | |
| FOR CAMPAIGN RELATED ACTIVIT | 01 | | | | |
| | d. Period Begin Balance | | d. Period Begin Balance | | |
| | \$ 3,772.08 | | \$ | | |
| 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 | | | | | |
| <u>Lynne Holton</u> Printed Name of Signer | | <u>[Signature]</u> Signature of Appointed Treasurer | | 01/30/2026 Date | |
| FOR OFFICE USE ONLY | | | | | |
| Date Received: _____ | Employee: _____ | Delivery Method | | | |
| Date Postmarked: _____ | Employee: _____ | <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed | | | |
| Date Scanned: _____ | Employee: _____ | <input type="checkbox"/> Signer has not received mandatory training | | | |
| 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

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|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 | |
|--|---------------------------|-----------------------------|---------------------------|
| COMMITTEE TO RE-ELECT SHERIFF KIMBROUGH | 2025 Year End Semi-Annual | | |
| Start of Election Cycle: January 1, <u>2025</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 3,772.08 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 2,505.26 | \$ 2,785.26 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 11,351.13 | \$ 20,008.27 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 | \$ 0.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 | \$ 0.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 0.00 | \$ 0.00 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 | \$ 0.00 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ 0.00 | \$ 0.00 |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ 0.00 | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 13,856.39 | \$ 22,793.53 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 8,803.21 | \$ 11,026.13 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 46.04 | \$ 46.04 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 0.00 | \$ 0.00 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 0.00 | \$ 2,942.14 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 8,849.25 | \$ 14,014.31 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 8,779.22 | \$ 8,779.22 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 0.00 | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | \$ 0.00 | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | \$ 0.00 | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ 0.00 | |
| 25) Administrative Support | (CRO-1710) | \$ 0.00 | \$ 0.00 |
| 26) Forgiven Loans | (CRO-1440) | \$ 0.00 | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 | \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 | \$ 0.00 |