Disclosure Rep	ort Cover	Addendum
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Amen	dment			
	Yes	$\boxtimes$	No	

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

1. Committee Full Name (and	2. ID Number				
ELECT JOHN Q PUBLIC			STA-22GH74-C-001		
3. Account Information		3. Account Information			
a. Financial Institution Full Name		a. Financial Institution Full Name			
YOUR BANK					
b. Purpose	c. Account Code	b. Purpose	c. Account Code		
SAVINGS ACCOUNT	2		1		
FOR CAMPAIGN	d. Period Begin Balance		d. Period Begin Balance		
FUNDS	\$ 0		\$		
3. Account Information		3. Account Information			
a. Financial Institution Full Name		a. Financial Institution Full Name			
b. Purpose	c/Account/Code	b. Purpose	c. Account Code		
	d Period Begin Balance		d. Period Begin Balance		
	\$		\$		
3. Account Information		3. Account Information			
a. Financial Institution Full Name		a. Financial Institution Full Name			
b. Purpose	c. Account Code	b. Purpose	c. Account Code		
	d. Period Begin Balance		d. Period Begin Balance		
	\$		\$		
3. Account Information		3. Account Information			
a. Financial Institution Full Name		a. Financial Institution Full Name			
b. Purpose	c. Account Code	b. Purpose	c. Account Code		
	d. Period Begin Balance		d. Period Begin Balance		
	\$		\$		
CERTIFICATION					
163 of the NC General Statutes a	and that no funds are commingled	ticable provisions of Article 22A, 22 with prohibited or other non-disclored by the NC State Board of Election	sed funds. I further certify that		
Printed Name of Signe	er Signature	of Appointed Treasurer	Date		
		= =			
<b>Please Note:</b> This cover sheet cannot be used to amend committee information such as the committee name or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.					