

Disclosure Report Cover Addendum

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
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
	\$		\$
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

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

Printed Name of Signer

Signature of Appointed Treasurer

Date

Please Note: 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.