

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 RICHARD V. LINVILLE		c. ID Number NC048A
b. Mailing Address (include City, State and Zip Code) 6321 VAN CURE RD, HERNANDERSVILLE, N.C. 27284		d. Date Filed 9-30-2024
		e. Phone Number 203-2030

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 7-18-2024	4. Period End Date (mm/dd/yy) 6-30-2024	5. Treasurer Full Name RICHARD V. LINVILLE
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6. Type of Committee (Check One)

Candidate Campaign Party
 PAC Referendum
 Independent Expenditure Joint Fundraiser
 Legal Expense Fund

7. Type of Fund (if applicable, check one)

Booster Fund
 Building Fund
 Other:

8. Number of Fundraisers this Report
0

9. Type of Report (check only one type of report from one category)

Municipal	State/County
<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 checked="" 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 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"/> Special

Referendum

Organizational
 Pre-referendum
 Final
 Supplemental Final
 Annual
 Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
FIRST HORIZON BANK

b. Purpose
CAMPAIGN

c. Account Code
48

d. Period Begin Balance
\$900.00

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

RICHARD V. LINVILLE, RICHARD V. LINVILLE 9-30-2024

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

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.