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**Disclosure Report Cover**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

Do not use this form to update informa	uon.		0	
1. Committee Information				
a. Full Name	c. ID Number			
Alacendrass the Con				
b. Mailing Address (include City, State and Z	d. Date Filed			
2311 berald st	2-16-18			
Winston Salum, NC 2	e. Phone Number			
			336-403-3681	
2. Report Year 3. Period Start Date	(mm/dd/yy) 4. Period F	End Date (mm/dd/yy) 5		
2018 2-16-18	2-26.	-18	Keid Warren	
6. Type of Committee (Check One)	9. Type of Rep	ort (check only one t	ype of report from one category)	
Candidate Campaign Darty	Municipal	State/County	Referendum	
PAC Referendum		and the second sec		
Independent Expenditure D Joint Fundr	CONVERTING AND A DESCRIPTION OF A DESCRI		Pre-referendum	
Legal Expense Fund	Pre-primary	First	Final	
	Pre-election	Second		
7. Type of Fund (if applicable, check of		Third Fourth	Annual	
Booster Fund	Semi-annual Mid Yea			
Building Fund	Year End			
Other:	Final	Year E		
8. Number of Fundraisers this Report	house of the second sec	Final	ind in the second se	
or runnoer of rundraisers this repor		Special		
11. Account Information		11. Account Informa	ition	
a. Financial Institution Full Name		a. Financial Institution F	ull Name	
Branch Bunking and Tr	ust longany			
b. Purpose c. Acc	count Code	b. Purpose	c. Account Code	
contributions and Al	B 1		CT T Litim	
disbursments d. Per	iod Begin Balance		d. Period Begin Balance	
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CERTIFICATION			E PH 100	
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 165				
of the NC General Statutes and that no fu	unds are commingled with	prohibited or other non	disclosed funds. I further certify that this	
report is complete, true and correct and t	hat I have been trained by	the NC State Board of I	elections.	
REID A WARREN	1/0/	81.	2/26/2018	
1	<u>nee</u>	nature of Appointed Treasu		
Printed Name of Signer	518	nature of Appointed Trease		
FOR OFFICE USE ONLY	10	×	Delivery Method	
Date Received:	Employ	yee: 100	Normal Mail	
Date Postmarked:	Employ	yee:	Registered Mail Hand Delivered	
Date Scanned:	Emplo	vee:	Electronically Filed	
			☐ Signer has not received	
Date Data Entered:	Emplo		mandatory training	
			as the committee address, treasurer,	
	urer, custodian of book			
			make committee changes.	
CRO-1000	NC State Boa	ard of Elections	August 2008	

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4. Tot	al only this P	age				\$	208.000
5. Total of ALL CRO-1210 Pages \$ 708 (2)					208.00		
(This li	(This line must be on line 6 of Detailed Summary Page CRO-1100)						

## **In-Kind** Contributions

		Amendment
Pg _	of	_ Yes

1 No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)			2. ID Number
the Committee to Elect Alex	Bohan	ron	160600
3. Contributor Information		emove	
a. Full Name, Mailing Address & Phone	b. Type of Contr	ibutor	c. Comments
(include city, state, & zip)	Individual Candidate		
Alexandre Bohannon	Party		
2311 Geral 5+.	D PAC		
Winston-Salem, WL 29101	Referendum		d. Election Sum to Date
rston-Salen, WC 29101 Other Recei		ot Source	\$ 108.00
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e. Description		f. Date (mm/dd/yyy	yy) g. Fair Market Amount
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4. Total only this Page			\$ 108.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 108.00 \$ 108.00