1. Committee Infor	mation					
a. Full Name					EPTIL SS	c. ID Number
ELECT LIDA CAI	VERT HAYES SCHOOL	OL BOAR			= = = =	4CQQEJ
h Mailing Address (incl	ude City State and Tin Code)		7019	JAN-4	AM 11:51	d Data Filled
4417 Bent Tree Fan	ude City, State and Zip Code)					d. Date Filed
Winston-Salem, NC			ï	EUE	VED	1/03/2019
						e. Phone Number
						336-926-7777
2. Report Year 3. Period Start Date (mm/dd/yy)			4. Period En (mm/dd/yy)	d Date	5. Treasurer F	ull Name
2018	02/14/2018		1-03-2	03-2019 Lida Calvert Ha		layes
6. Type of Committ	ee (Check One)	9. Ty	pe of Report	(check or	nly one type of rep	port from one category)
Candidate Campa	aign Party	Munici	ipal	State/0		Referendum
PAC	Referendum		Organizational		Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser		Thirty-five day		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)		Pre-primary		First	Final
"Booster Fund"			Pre-election		Second	Supplemental Final
Building Fund			Pre-runoff		Third	Annual
			Semi-annual		Fourth	Special
		ᅵ님	Mid Year		Semi-annual	10 Special Deposit Name
Other:			Year End Final	Mid Year Year End		10. Special Report Name
8. Number of Fund	raisers this Report	러님	Special		Final	
o. Number of Fund	laisers this Report		Special		Special	
11. Account Inform					Information	
a. Financial Institution I	Full Name		a.	Financial Ins	titution Full Name	
Wells Fargo Bank,	1. 1			Dunnaga		c. Account Code
b. Purpose	c. Account Code		D.	. Purpose		c. Account Code
Checking Account	LC	H 7777				
for	d. Period Begin Bala	nce				d. Period Begin Balance
Camoaign	\$	N105500 a				s
CERTIFICATION						
I certify that the Con	nmittee or Fund is in com	pliance w	ith all applicable	e provisions	of Article 22A, 2	2B, & 22D-22M of Chapter 163 o
the NC General Stati	utes and that no funds are	comming	led with prohibi	Roard of	non-disclosed ful	nds. I further certify that this repor
is complete, true and Lida Calver	correct and that I have be	een trained	a by the NC Sta	re Board or	aluel +	1-03-2019
Lida Carver	Printed Name of Signer		_	ature of Appoir		Date
FOR OFFICE USE O						
Date Received:	114/18		Employee:	1	5	Delivery Method Normal Mail
Date Postmarke	d:	_	Employee:			Registered Mail Hand Delivered Electronically Filed
Date Scanned:			Employee:			☐ Electronically Filed ☐ Signer has not received mandatory training
Date Data Enter	red:		Employee:			mandatory training

Amendment

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

CRO-1000 NC State Board of Elections August 2008

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Elect Lida Calvert Hayes School Board	Final		4CQQEJ
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,977.38	\$ 0
रिष्ट्रिसिस्ड			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 75.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 18,967.71
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 8,000.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 89.52	\$ 89.52
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ons <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 89.52	\$ 27,132.23
<u>IEXTRENDITRURIES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$ 25,065.33
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$ 2,066.90	\$ 2,066.90
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 2,066.90	\$ 27,132.23
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 0.00	\$ 0.00
ADDITIONALINISORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	ns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$ 4,433.10	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$
	,/		August 2008

Use this form to	report refi	ands received by	the committee or re	eimbursement	s for a previou	us expenditu r e				
1. Committee Fi					<u> </u>	2. ID Numl		-		
Elect Lida Calve	ert Hayes	School Board	<u> </u>			2. 13 ,1 (411)		CQQEJ		
3. Contributor I	nformatio	on		Add	Remove	<u> </u>	-	· / / / · · · · · · · · · · · · · · · ·		
a. Full Name, Mailir	_	& Phone	 	d. Type of Co	mmittee	-	g. (Comments		
(include city, state	·	☐ Candidate ☐ PAC								
Wells Fargo		Refere	endum 🔲	Party						
3375 Robinhood	_	e. Level Registered (Specify)				Original Exper	diture Da			
Winston-Salem,		5		Federal County:			12/30/2018			
Attn: Steven Fov	vier			State	<u> </u>	Municipality:				
							i. O	riginal Expen	diture Am	
		·					\$	89.52		
b. Job Title/Profession	on	c. Employer's Na	me/Specific Field	f. Purpose	Da-la		j. E	j. Election Sum to Date		
				Refund of I Fees	DällK		\$			
k. Account Code	l. Form	of Payment	m. In-Kind Descri		n. Date (mm/c	ld/yyyy)		o. Amount		
0	Credit							\$ 89.5	52	
3. Contributor L	nformatio	n		Add	Remove					
a. Full Name, Mailin		& Phone	· · · · · · · · · · · · · · · · · · ·	d. Type of Committee				omments		
(include city, state	, & zip)	<u>.</u>		Candie	=	PAC		· <u>-</u> -		
				Refere		Party				
				l a Lavel Danie	torod (Engoity)		1 1. (diamen Das	
				e. Level Regis		County	h. C	Original Expen	diture Dat	
				e. Level Regis Federa State		County: Municipality:	h. C)riginal Expen	diture Dat	
				Federa		•)riginal Expen riginal Expend		
				Federa		•				
b. Job Title/Professio	on.	c. Employer's Na	me/Specific Field	Federa		•	i. O		diture Amt	
b. Job Title/Professio	on.	. c. Employer's Na	me/Specific Field	Federa State		•	i. O	riginal Expend	diture Amt	
b, Job Title/Professio k. Account Code		. c. Employer's Na f Payment	me/Specific Field m. In-Kind Descri	Federa State f. Purpose		Municipality:	i. O \$ j. E	riginal Expend	diture Amt	
				Federa State f. Purpose	1	Municipality:	i. O \$ j. E	riginal Expend	diture Amt	
k. Account Code 3. Contributor I	l. Form o	of Payment		Federa State f. Purpose	n. Date (mm/d	Municipality:	i. O \$ j. E	riginal Expendence of the control of	diture Amt	
k. Account Code 3. Contributor In a. Full Name, Mailin	I. Form of the formation of the formatio	of Payment		Federa State f. Purpose Add d. Type of Cou	n. Date (mm/d	Municipality:	j. E	riginal Expendence of the control of	diture Amt	
k. Account Code 3. Contributor I	I. Form of the formation of the formatio	of Payment		f. Purpose Add d. Type of Con Candid	n. Date (mm/d	Municipality: Id/yyyy)	j. E	riginal Expendence of the control of	diture Amt	
k. Account Code 3. Contributor In a. Full Name, Mailin	I. Form of the formation of the formatio	of Payment		f. Purpose Add d. Type of Cou	n. Date (mm/d	Municipality:	j. E	riginal Expendence of the control of	diture Amt	
k. Account Code 3. Contributor In a. Full Name, Mailin	I. Form of the formation of the formatio	of Payment		f. Purpose f. Purpose d. Type of Con Refere e. Level Regis	n. Date (mm/d Remove mmittee date	Municipality: Id/yyyy) PAC Party	j. E	riginal Expendence of the control of	diture Amt	
k. Account Code 3. Contributor In a. Full Name, Mailin	I. Form of the formation of the formatio	of Payment		f. Purpose Add d. Type of Cou	n. Date (mm/d Remove mmittee date	Municipality: Id/yyyy)	j. E	riginal Expendence of the control of	diture Amt	
k. Account Code 3. Contributor In a. Full Name, Mailin	I. Form of the formation of the formatio	of Payment		f. Purpose f. Purpose f. Purpose d. Type of Con Candid Refere c. Level Regist Federa	n. Date (mm/d Remove mmittee date	Municipality: Id/yyyy) PAC Party County:	j. E	riginal Expendence of the control of	diture Amt	
k. Account Code 3. Contributor In a. Full Name, Mailin	I. Form of the formation of the formatio	of Payment		f. Purpose f. Purpose f. Purpose d. Type of Con Candid Refere c. Level Regist Federa	n. Date (mm/d Remove mmittee date	Municipality: Id/yyyy) PAC Party County:	j. E	eriginal Expendication Sum to o. Amount \$ Comments Original Expen	diture Amt	
k. Account Code 3. Contributor In a. Full Name, Mailin (include city, state,	I. Form of the formation of the formatio	of Payment	m, In-Kind Descri	f. Purpose f. Purpose f. Purpose d. Type of Con Candid Refere c. Level Regist Federa	n. Date (mm/d Remove mmittee date	Municipality: Id/yyyy) PAC Party County:	j. E \$ g. C h. O \$	eriginal Expendication Sum to o. Amount \$ Comments Original Expen	Date diture Date	
k. Account Code 3. Contributor In a. Full Name, Mailin	I. Form of the formation of the formatio	of Payment	m, In-Kind Descri	f. Purpose f. Purpose f. Purpose d. Type of Con Candic Refere e. Level Regis Federa State	n. Date (mm/d Remove mmittee date	Municipality: Id/yyyy) PAC Party County:	j. E \$ g. C h. O \$	lection Sum to o. Amount \$ Comments Original Expending	Date diture Date	
k. Account Code 3. Contributor In a. Full Name, Mailin (include city, state,	I. Form of the formation of the formatio	of Payment	m, In-Kind Descri	f. Purpose f. Purpose f. Purpose d. Type of Coo Candid Refere e. Level Regis Federa State f. Purpose	n. Date (mm/d Remove mmittee date	Municipality: Id/yyyy) PAC Party County: Municipality:	i. O. \$ j. E. C. h. O. \$ j. E.	lection Sum to o. Amount \$ Comments Original Expending	Date diture Date	
k. Account Code 3. Contributor In a. Full Name, Mailin (include city, state,	I. Form of the formation of the formatio	r Payment Phone c Phone	m. In-Kind Descrip	f. Purpose f. Purpose f. Purpose d. Type of Coo Candid Refere e. Level Regis Federa State f. Purpose	n. Date (mm/d Remove mmittee date	Municipality: Id/yyyy) PAC Party County: Municipality:	i. O. \$ j. E. C. h. O. \$ j. E.	o. Amount Comments Original Expendication Sum to	Date diture Date	

CRO-1240

(This line must be on line 10 of Detailed Summary Page CRO-1100)

NC State Board of Elections

December 2007

Loan Repayments

Use this form to report payments on an existing loan.						
1. Committee Full Name (ar	2. ID Number					
Elect Lida Calvert Hayes Sch	4CQQEJ					
3. Lender Information	·	Add Add	Remove			
a. Full Name, Mailing Address & P	hone		· · · · · · · · · · · · · · · · · · ·	b. Comments		
(include city, state, & zip)		<u> </u>				
David Hayes						
4417 Bent Tree Farm Road						
Winston-Salem, NC 27106				c. Original Loan Date		
				10/26/2018		
				d. Original Loan Amount		
				\$ 6,500.00		
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount		
\$ 2,066.90	LCM7777	CHECK # 1011	1/03/2019	\$ 2,066.90		
				6		
\$				\$		
3. Lender Information		Add	Remove			
a. Full Name, Mailing Address & P	hone			b. Comments		
(include city, state, & zip)		-	<u> </u>	<u> </u>		
				c. Original Loan Date		
				d. Original Loan Amount		
				\$		
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount		
\$				\$		
\$				\$		
		<u> </u>				
3. Lender Information		Add Add	Remove			
a. Full Name, Mailing Address & P	hone			b. Comments		
(include city, state, & zip)	<u></u>			-		
				c. Original Loan Date		
				e. Original Loan Date		
				d. Original Loan Amount		
				\$		
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount		
\$				\$		
\$				\$		
4. Total only this Page	<u> </u>	<u>. </u>	<u> </u>	\$ 2,066.90		
5. Total of ALL CRO-1 (This line must be on line 15 of D	\$ 2,066.90					
(1 ms une must de on une 13 Of D	CAMICU DUNDIALLY FUZE CICO-1100	,				

Amendment

Yes

No

Forgiven Loans				Amen	dment	. ,	
	Pg	 of			Yes	Ø	No
Use this form to report any loan which has been forgiven by the lender.			_			1-	_

A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)				.	2. ID Number	
Elect Lida Calvert Hayes School Board	-					4CQQEJ
3. Lender Information		Add		Remove	-	
a. Full Name, Mailing Address & Phone	_			b. Comments	<u> </u>	· · · · · · · · · · · · · · · · · · ·
(include city, state, & zip)						-
David Hayes						
4417 Bent Tree Farm Road			,			
Winston-Salem, NC 27106			ŀ	c. Original Loan Dat	e (mm/dd/yyyy)	f. Election Sum to Date
				10/206/2		\$ 6,500.00
				d. Original Loan Am	ount	g. Date (mm/dd/yyyy)
				\$ 6,500.0		10/26/2018
				e. Remaining Loan B	alance	h. Forgiven Amount
				\$ 4,433.1	.0	\$ 4,433.10
3. Lender Information		Add	<u> </u>	Remove		
a. Full Name, Mailing Address & Phone			ļ	b. Comments		·
(include city, state, & zip)						
Lida Calvert Hayes			}	c. Original Loan Date	- ((dd ()	f. Election Sum to Date
4417 Bent Tree Farm Road			ŀ	e. Original Loan Dat	е (шилимуууу)	
Winston-SAlem, NC 27106			ŀ	10/26/2		\$ 1,500.00
			}	d. Original Loan Am	ount	g. Date (mm/dd/yyyy)
			ļ	\$ 1,500.0		10/26/2018
			ļ	e. Remaining Loan B	Balance	h. Forgiven Amount
				\$ 1,500.0	00	\$ 1,500.00
3. Lender Information		Add	\Box	Remove	<u> </u>	
a. Full Name, Mailing Address & Phone	-			b. Comments		
(include city, state, & zip)		 				
				c. Original Loan Dat	e (mm/dd/yyyy)	f. Election Sum to Date
						\$
				d. Original Loan Am	ount	g. Date (mm/dd/yyyy)
				\$		
				e. Remaining Loan E	Balance	h. Forgiven Amount
				\$		\$
4. Total only this Page		-			\$ 8,000.0	00
5. Total of ALL CRO-1440 Pages			-	· · · · · · · · · · · · · · · · · · ·	\$ 8,000.0	00
(This line must be on line 26 of Detailed Summary Page CRO					<u> </u>	
The lender information should contain the same information as	suppli	ied under th	ie origi	nai ioan proceed.		



N®RTH CAROLINA

State Board of Elections & Ethics Enforcement

Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of Lender: Lida Calvert Hayes

Committee receiving Ioan: Elect Lida Calvert Hayes School Board

Date of loan: 10/26/2018

Amount of original loan: \$1,500.00

*Amount of loan to be forgiven: \$1,500.00

I, Lida Calvert Hayes , do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Signature of Lender

Signature of Committee Treasurer



Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of Lender: David Haye	es
Committee receiving loan:El	ect Lida Calvert Hayes School Board
Date of loan: 10/26/2018	
Amount of original loan: \$6,5	500.00
*Amount of loan to be forgive	
, David Hayes	do not wish to be reimbursed for the amount

I, David Hayes, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Signature of Lender

Signature of Committee Treasurer