Disclosure Report Cover	Amen	dment Yes		No
Use this form for general report and committee information, must be signed and submitted along with o			_	

Do not use this form to update information

Second Fundamental Committee Committ	1. Committee Infor	rmation	1	_					_		
b. Milling Address (lectude City, State and Zip Code) 456 N. HAWTHORNE RD. WINSTON-SALEM, NC 27104 2. Report Year 3. Period Start Date (mm/dd/yz) 3. Period End Date (Check One) 3. Propose	a. Full Name								c. ID Number		
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 0. 02/16/2020 06/30/2020 GLORIA D. WHISENHUNT 06. Type of Committee (Check One) 9. Type of Report (check only one type of report from category) Municipal Stot/County Referendam PAC Referendam Organizational Organiz	GLORIA D. WHIS	ENHUI	NT			1					
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Candidate Campaign	6. Type of Committ	tee (Ch	eck One)	9. Tyj	pe of Report	(c	heck on	ly one type	of report)	from one category)	
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Building Fund		(ij upp	neadle, theck one)	│							
Semi-annual Fourth Special											
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Vear End				[-]		r					
8. Number of Fundraisers this Report	Other:								ar	10. Special Report Name	
Second Final Special Final Special Final Special Spe							١Ä			AV. Sparing Alapara	
Special Spec	8 Number of Fund	 Iraisers	this Report	∤							
11. Account Information a. Financial Institution Full Name FIRST CITIZENS BANK b. Purpose c. Account Code b. Purpose c. Account Code c. Period Begin Balance d. Period Begin Balance 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. GLORIA D. WHISENHUNT Printed Name of Signer FOR OFFICE USE ONLY Date Received: Employee: Bemployee: Employee: Employee: Bemployee: Bemplo	O. Humber of France	laisers	шіз жероге	├	opev				I	[
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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. GLORIA D. WHISENHUNT Printed Name of Signer Poate FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Employee: Date Scanned: Employee: Date Scanned: Employee: Employee: Date 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,		ANN	- Asseurt Code			b Dorr					
d. Period Begin Balance \$ 1130.95 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Phapter 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. GLORIA D. WHISENHUNT Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Employee: Date Postmarked: Employee: Date Scanned: Employee: Date Scanned: Employee: Date Date Electronically Filed 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,			c. Account Code		b. Purpose					- SS -	
S 1130.95 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. GLORIA D. WHISENHUNT Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Employee: Delivery Method Normal Mail Registered Mail Hand Delivered Employee: Date Scanned: Employee: Date Scanned: Employee: Date Data Entered: Employee: Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	CHECKING										
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You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment

No

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

1. Committee Full Name (and Fund if applicable)		3. ID Number	
GLORIA D. WHISENHUNT FOR COUNTY COMMISSIONER	SECOND QTR		
COMMISSIONER			
Start of Election Cycle: January 1,	2020	Total this	Total this
4) Cash on Hand at Start		Reporting Peris	s 1130.95
RECEIPTS		1130.93	# 1150.75
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 500.00	\$ 501.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ions (CRO-1250)	\$	\$
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, 1	lc, 11d and 11e)	\$ 500.00	\$ 501.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 519.50	\$ 51950
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 519.50	\$ 519.50
19) Cash on Hand at End (Add lines 4 and 12 together, then suit	htract line 18)	\$ 1111.45	\$ 1111.45
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	ns) (CRO-1430)	\$	
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)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Contr	ibutions fro	m Individuals		I	Pg <u>1</u> of	r <u>1</u>	Amendment Yes	t N
	<u> </u>	ividual contributions						·
'1. Comn	nittee Full Name	(and Fund if applica	ble).		<u> </u>	.2. ID Nu	mber *	, B
GLORIA	A D. WHISENHU	NT FOR COUNTY C	OMMI	SSIONER				
3. Contr	ributor Informati	on.	Remove					
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	
(include	e city, state, & zip)			RETIRED				
	C ROANER JR							
	BOR RD			c. Employer's Name	Specific Field	_		
WINSTO	ON-SALEM, NC 2	27104		ATTORNEY				
						e. Election Sum to Date		
336-765	-3121					\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	/ yyy) .	k. Amount	
	1	CHECK			2/30/	/20	\$	100.00
							\$	
							\$	
3 Contr	 ibutor Informâtic			Add R	lemove	o'')		
	me, Mailing Address	* 14 15 14 15 15	لقطا	b. Job Title/Profession		d. Comme	nte	ـــــــــــــــــــــــــــــــــــ
	e city, state, & zip)	at I nont		ATTORNEY		U. Commer	1113	-
	RD V BENNETT			MITORIE				
	OTTINGHAM RD			c. Employer's Name	Specific Field			
	ON-SALEM, NC 2	27104		BENNETT GU	-			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O11 D1111111, 110 1					e. Election	Sum to Date	
						\$	150.00	
336-765			1		1			
f. Prior	g. Account Code	h. Form of Payment). in-)	Kind Description	j. Date (mm/dd/y			150.00
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							\$	
3. Contr	ibutor Informati	on .		Add 🔲 R	kemove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	·
(include	city, state, & zip)			VP GOVERNM	ENT AFFAIRS		<u>-</u>	
JOSEPH	E McMILLAN							
2032 FA	CULTY DR			c. Employer's Name				
WINSTON-SALEM, NC 27106				PIEDMONT TR	IAD			
				PARTNERSHIP	e. Election Sum to Date			
336-399	-2101	<u>, </u>	,			\$	250.00	
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	1	CHECK			3/12	/20	\$	250.0
							\$	
							\$	
4 Tota	Lonly this Pag	ie a da si			2 2	\$		500.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

500.00

\$

Disbursements

Pg <u>1</u>

of <u>1</u>

Amendment

Yes

No

 \boxtimes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and Fun					· · · · · · · · · · · · · · · · · · ·		2. ID Number	
	HISENHUNT FOR								
3. Type of Disb		ise use separate C				ype of Disburser	nent.)		
Operating I	Expenses	Contributions to Ca	ndidates/P	olitical Commit	tees	C	oordinate	d Party Expenditures	
4. Payee Inform	nation		Add			Remove			
a. Full Name, Mail	ing Address & Phone		b. Coor	dinated Comn	ittee Na	ame	d. Comments		
(include city, state, KERNERSVIL				-	_	-			
P.O. BOX 337			c. Level	Registered (S	pecify)	· · ·	1		
300 EAST MO	UNTAIN ST			Federal	Ø	County:	╡		
KERNERSVIL	LE, NC 27285			State	Ħ	Municipality:	e. Ele	ection Sum to Date	
336-993-2161							\$ 3	337.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Da	ate (mm/dd/yy)	nv)	j. Amount	L Ro	quired Remarks	
		-					ADVERTISEING		
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4. Payee Inform	nation		Add	E-mil.		Remove		a San San San San San San San San San Sa	
	ing Address & Phone		b. Coor	dinated Comm	ittee Na	ime	d. Co	mments	
(include city, state,							ŀ		
FIRST CITIZE							_		
3100 TRENWE				Registered (S)			_		
WINSTON-SA	LEM, NC 27103		Federal County:						
			<u> </u>	State	_Ц_	Municipality:	e. Ele	ection Sum to Date	
336-631-2400							\$ 6	5.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i, Da	ite (mm/dd/yyy	y)	j. Amount	k. Rec	quired Remarks	
1	WITHDRAWN	О	03/	03/04/20 \$3.00		SER	VICE CHARGE		
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(include city, state,	_						+::0		
CLEMMONS C			1						
P,O, BOX 765			c. Level Registered (Specify)						
CLEMMONS, 1	NC 27012			Federal		County:	7		
				State		Municipality:	e. Ele	ection Sum to Date	
							\$ 1	179.00	
336-766-4126	,		<u> </u>				Ψ,		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Da	te (mm/dd/yyy	y)	j. Amount	k. Re	quired Remarks	
1	СНЕСК	A	02/	17/2020		\$179.00			
						\$			
5. Total only th	is Page	· <u></u>	- Ļ	• • •		I	\$	519.50	
	CRO-1310 Pages	th.					 		
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							S	740.83	
	line 13b of Detailed Sun						"	TOIOS	
	line 13c of Detailed Sum				penditu	res)	ш		
	es (List detailed ex			/e)		75 W- A4		17.4-4-	
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Func G - Politic				D - To Anot		lidate : Office Expenses	
I - Postage	J - Penalties	K* - Offic		ses				gal Expense Fund	
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* Codes requir	e detailed explanat	ion in required re	emarks	field (k)	·			The same of the sa	