Disclosure Report C	over		Amendment
Use this form for general repo	at and committee information	must be signed and su	omitted along with other detailed forms.
Total to upuate	information.		
Committee Information Full Name			
			c. ID Number
Committee to Elec	t Kismet Lottin -	Bell	
b. Mailing Address (include City, St	tate and Zip Code)		d. Date Filed
2419 Edisin Cour		Amended	02/18/2020
Winsten-Salem, NO	27101	(whended	e. Phone Number
			336-618-7526
2. Report Year 3. Period Star	rt Date (mm/dd/yy) 4. Period	End Date (mm/dd/yy)	Treasurer Full Name
		1 ·	1
6. Type of Committee (Check			Kismet Lofhn Bell spe of report from one category)
Candidate Campaign Pa	arty Municipal	State/County	Referendum
	eferendum Organization:		The state of the s
Independent Expenditure Jo Legal Expense Pund	int Fundraiser Thirty-five da	· (<u>—/</u>)	Pre-referendum
Legal Expense rund	Pre-primary Pre-election	First Second	Final
7. Type of Fund (if applicable		Second Third	Supplemental Final Annual
Booster Fund	Semi-annual	Fourth	Special
Building Fund	Mid Yea		1
Other:	Year En		To process report traine
8. Number of Fundraisers this	Final	Year E	nd
er summer of culturalistic life	Special	∐ Final	1
or reminer of Punul aisers this	s Report Special	Final Special	
11. Account Information	S Keport Special	☐ Special	lion.
	S Keport Special		
11. Account Information	S Keport Special	Special 11. Account Informa	all Name
11. Account Information a. Financial Institution Full Name	c. Account Code	Special 11. Account Informa	
11. Account Information a. Financial Institution Full Name BB & T		Special 11. Account Informs a. Financial Institution Fi	ull Name
11. Account Information a. Financial Institution Full Name BB & T	c. Account Code A 1	Special 11. Account Informs a. Financial Institution Fi	c. Account Code
11. Account Information a. Financial Institution Full Name BB & T	c. Account Code A 1 d. Period Begin Balance	Special 11. Account Informs a. Financial Institution Fi	c. Account Code d. Period Begin Balance
11. Account Information a. Financial Institution Full Name BB & T b. Purpose	c. Account Code A 1	Special 11. Account Informs a. Financial Institution Fi	c. Account Code d. Period Regin Balance
11. Account Information 2. Financial Institution Full Name BBET b. Purpose CERTIFICATION	c. Account Code A 1 d. Period Begin Balance \$ 0,00	Special 11. Account Informs a. Financial Institution Forms b. Purpose	d. Period Begin Balance
11. Account Information 2. Financial Institution Full Name BBET b. Purpose CERTIFICATION I certify that the Committee or Full	c. Account Code A 1 d. Period Begin Balance \$ 0,00	Special 11. Account Informa a. Financial Institution F b. Purpose icable provisions of Artic	d. Period Begin Balance \$ CD Cle 22A, 22B & 22D-22M of Chapter 163
11. Account Information a. Financial Institution Full Name BET b. Purpose CERTIFICATION I certify that the Committee or Full of the NC General Statutes and the	c. Account Code A 1 d. Period Begin Balance \$ 0,00 and is in compliance with all applicat no funds are commingled with	Special 11. Account Informa a. Financial Institution F b. Purpose icable provisions of Artic prohibited or other non-	d. Period Begin Balance \$ c. Account Code d. Period Begin Balance \$ c. Account Code d. Period Begin Balance \$ c. Account Code
11. Account Information 2. Financial Institution Full Name BBET b. Purpose CERTIFICATION I certify that the Committee or Full	c. Account Code A 1 d. Period Begin Balance \$ 0,00 and is in compliance with all applicat no funds are commingled with	Special 11. Account Informa a. Financial Institution F b. Purpose icable provisions of Artic prohibited or other non-	d. Period Begin Balance d. Period Begin Balance sele 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this elections.
11. Account Information a. Financial Institution Full Name BET b. Purpose CERTIFICATION I certify that the Committee or Full of the NC General Statutes and the	c. Account Code A 1 d. Period Begin Balance \$ 0,00 and is in compliance with all applicat no funds are commingled with	Special 11. Account Informa a. Financial Institution F b. Purpose icable provisions of Artic prohibited or other non-	d. Period Begin Balance \$ c. Account Code d. Period Begin Balance \$ c. Account Code d. Period Begin Balance \$ c. Account Code
11. Account Information 2. Financial Institution Full Name BBET b. Purpose CERTIFICATION I certify that the Committee or Full of the NC General Statutes and the report is complete, true and correct the Name of Signature o	c. Account Code A 1 d. Period Begin Balance \$ 0,00 and is in compliance with all apple to a comming the with all apple to and that I have been trained by the compliance with all apple to the comming to the compliance with all apple to the compliance with all app	Special 11. Account Informa a. Financial Institution F b. Purpose icable provisions of Artic prohibited or other non-	c. Account Code d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this lections. 1 - 31 - 2020
11. Account Information a. Financial Institution Full Name BBET b. Purpose CERTIFICATION I certify that the Committee or Full of the NC General Statutes and the report is complete, true and correct Kismet A. Lofting	c. Account Code A 1 d. Period Begin Balance \$ 0,00 and is in compliance with all apple to a comming the with all apple to and that I have been trained by the compliance with all apple to the comming to the compliance with all apple to the compliance with all app	Special 11. Account Informa a. Financial Institution Formation b. Purpose icable provisions of Artic prohibited or other non- the NC State Board of E	d. Period Regin Balance d. Period Regin Balance sele 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this elections. 1 - 31 - 2020 Date
11. Account Information 2. Financial Institution Full Name BBET b. Purpose CERTIFICATION I certify that the Committee or Full of the NC General Statutes and the report is complete, true and correct the Name of Signature o	c. Account Code A 1 d. Period Begin Balance \$ 0,00 and is in compliance with all apple to a comming the with all apple to and that I have been trained by the compliance with all apple to the comming to the compliance with all apple to the compliance with all app	b. Purpose icable provisions of Artic prohibited or other non- the NC State Board of E Appointed Treasur	c. Account Code d. Period Regin Balance sele 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this elections. 1 - 31 - 2020 The Date Delivery Method
Lacount Information a. Financial Institution Full Name BBET b. Purpose CERTIFICATION I certify that the Committee or Full of the NC General Statutes and the report is complete, true and correct in the Complete of Signature Of Signatur	c. Account Code A 1 d. Period Begin Balance \$ 0,00 and is in compliance with all application of funds are commingled with act and that I have been trained by the compliance of the light	icable provisions of Artic prohibited or other non-the NC State Board of Enature of Appointed Treasuree:	d. Period Regin Balance d. Period Regin Balance sele 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this elections. 1 - 31 - 2020 Date
11. Account Information a. Financial Institution Full Name BBET b. Purpose CERTIFICATION I certify that the Committee or Full of the NC General Statutes and the report is complete, true and corresistence of Signatian Printed Name of Signatian For OFFICE USE ONLY	c. Account Code A 1 d. Period Begin Balance \$ 0,00 and is in compliance with all apple to a comming the distribution of the standard of the	icable provisions of Artic prohibited or other non-the NC State Board of Enature of Appointed Treasuree:	c. Account Code d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this lections. 1 31 - 2020 Date Date Date Delivery Method Normal Mail Registered Mail Hand Delivered
Lacount Information a. Financial Institution Full Name BBET b. Purpose CERTIFICATION I certify that the Committee or Full of the NC General Statutes and the report is complete, true and correct in the Complete of Signature Of Signatur	c. Account Code A 1 d. Period Begin Balance \$ 0,00 and is in compliance with all application of funds are commingled with act and that I have been trained by the compliance of the light	b. Purpose icable provisions of Artic prohibited or other nonthe NC State Board of Emature of Appointed Treasures (ee:	c. Account Code d. Period Begin Balance sele 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this elections. 1 - 31 - 2020 Date
Lacount Information a. Financial Institution Full Name BBET b. Purpose CERTIFICATION I certify that the Committee or Full of the NC General Statutes and the report is complete, true and correspond in the Name of Signature	c. Account Code A 1 d. Period Begin Balance \$ 0.00 and is in compliance with all application of funds are commingled with act and that I have been trained by the form of the sign of t	b. Purpose icable provisions of Artic prohibited or other nonthe NC State Board of Emature of Appointed Treasures (ee:	c. Account Code d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163 disclosed funds. I further certify that this lections. 1 31 - 2020 Date Date Date Delivery Method Normal Mail Registered Mail Hand Delivered

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.

Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form C					5	Amendment Yes		Vo	
Use the	is form to report	individual contribut	ions over \$50 or o	ontributions unc	ler \$50 if form C	RO 1	205 is not us	sed	
Λ	s) i	me (and Fund if ap		^	Sept.	25	D Number		
Management of the Printer	nmittee to		met Loffin	CANDIDATE THE PARTY OF THE PARTY OF					
3. Contributor Information a. Full Name, Mailing Address & Phone				Add Remove					
	de city, state, & zip)			b. Job Title/Profession		a. C	Omments	0)3-045-1	21213
Angela Maxie 3755 Crusade Dr Winston Salem, NC 27101			Self-Employed c. Employer's Name/Specific Field Insurance Broker		-				
					1				
		-101			e Election Sum to Date				
		,				\$	50. <i>0</i> 0		
f. Prior	g. Account Code	b. Form of Payment	i. In-Kind Descrip	tion	j. Dafe (mm/dd/yy)	y)	k. Amount		NAME OF THE PARTY
	A1_	CC			01/09/202	20	\$ 50.00)	
							\$		
	N						\$	2020	
Ex elim	ribinary morns	tion .		Add Res	not/e				
	ame, Mailing Addre	as & Phone		b. Job Title/Profes	sion	d. Co	mments	~	15-5
(include city, state, & zip)			Veterinarian				ω -		
Chaundra Williams 193 Kittery Court Lexington, NC 29295			c. Employer's Name/Specific Field UNC-Charlette				R	100	
					e. Ek	ection Sum to D	co Pate.	236769	
					\$ 103,45			<u> </u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		k. Amount		T. 2015
	<i>x</i> 1	\mathcal{C}			01/18/202	υ	\$ 103.4	5	
					•		\$		
		-					\$		ヿ゙
3. Cont	ributor Informa	tion		Add Ren	rove				
	me, Mailing Addre	ss & Phone		b. Job Title/Profes		d. Co	mments		
(include city, state, & zip) Dere K Bruiks			- Self-Employed					ı	
-				c. Employer's Nan	e/Specific Field				
714	e B sprin	igbrook Dr m, NC 271	A 00 K 0 A	Burber		e. Ele	ction Sum to D	ate	-
Wir	Iston Sule	m, NC 2+1	(0)			\$	33.45		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)]	k. Amount		
	A1	CC			01/21/2020	ل ل	\$ 103.4	45	
							\$		
						\neg	\$		
4. Tota	d only this Pa	ige .		Je. 14		\$	256.9	0	
AND WARRANT WARRY		O-1210 Pages of Detailed Summary P	age CRO-1100)				2199.0		

Amendment

		manyiddai conmout		contributions unc	ier 350 if form C	KO 1205	is not used	
	2	me (and Fund if ap				200	lumber	
Co	mmittee.	to Elect K	ismet Lo	ffin-Be	.1)			
SA Con	tributor Inform	urtion		Add / Re	San Carlot and San Ca			
	Vame, Mailing Addr			b. Job Title/Profe		d. Comm	ents	
	de city, state, & zip)			(00)		A	* (13000 Fabrica) (PA)	
Pat	ricia Sh	ugert		c. Employer's Na	ma/Sparific Field	_		
27	00 Winds	s PRd						
10)	nother - Ci	lem, NC 2	7184	Curolina L	* * · · · · · · · · · · · · · · · · · ·	e. Electic	n Sum to Date	
001/	360	icon, it is	1107	Chemistra	Corp	\$ 25	8,32	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy		mount 3	
	A 1	CC			1	·		144 - 15 1 1 to
	1 71		 		01/25/203	20 4	<u> </u>	
						\$	2	
						\$	2020 M	
	tiloto ingin			Add Re				
The state of the s	ame, Mailing Addr	APPRICATE SOUTH AT THE SECRET SERVICES.		b. Job Title/Profes		d. Comm	enda	
TO SUBSCIENCES	le city, state, & zip)			4	1996-1990 - 1997 H . 1825-806	Chin States	<u> </u>	
Be				Self semployed		ŀ		- jë
10	Genell Byer 6221 Hennhut Road			c. Employer's Name/Specific Field		_	<u> </u>	- =
		Self-employed		e. Election Sum to Date				
Wi	nston Sale	m, NC 271	27	0	0	\$ 76	ల్, 32	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ntion .	j. Date (mm/dd/yyy		o, sz.	SAPE ALC
		CC				1100	(2-12-14-14-14-14-14-14-14-14-14-14-14-14-14-	
	A1_			1	01/25/202	ه م	259.32	
						\$		
					_	\$		
S. Some	ributor Informs	ition		Add Ren	nove -			
a. Full N	sme, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Comm	nts	
(includ	le city, state, & zip)			-				
Lyn	n Thoma	.S		c. Employer's Nan	e/Specific Field			
421	on Alonz	s o Dr m, N C 271						
1,010	show - Silve	m N(c. 27)	154			e. Election	Sum to Date	
(Cir)	ISIN SWEW	,				\$ 103	5.45	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Aı	nount	
	A1	CC			01/31/2020	ا\$ ا د	03.45	
					, - 1, 5, 1, 20-	\$		
						\$		
4. Tota	al only this Pa	ige				\$ 10	20,09	
I Sparred probable		O-1210 Pages						
CALESTON DE CONTROL		of Detailed Summary F	age CRO-1100)	1.7		1 21	99.99	

Contributions from Individuals

Amendment

No

Pg 5 of 5 Yes