

# 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.

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>1. Committee Information</b>				
a. Full Name <u>PAUL MCCOY 4 NEW</u>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>710 POLO ROAD</u> <u>WILSON-SALEM NC 27106</u>			d. Date Filed <u>07/07/2020</u>	
			e. Phone Number <u>615-545-1644</u>	
2. Report Year <u>2020</u>	3. Period Start Date (mm/dd/yy) <u>02/16/2020</u>	4. Period End Date (mm/dd/yy) <u>06/30/2020</u>	5. Treasurer Full Name <u>Arlandus Hunter Jr</u>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
11. Account Information		11. Account Information		
a. Financial Institution Full Name <u>TRIUMPH CREDIT UNION</u>		a. Financial Institution Full Name		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
	d. Period Begin Balance <u>\$0</u>		d. Period Begin Balance <u>\$</u>	
<b>CERTIFICATION</b> 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.				
<u>ARLANDUS HUNTER JR</u> Printed Name of Signer		<u>Arlandus Hunter Jr</u> Signature of Appointed Treasurer		<u>07/07/2020</u> Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	<u>7/7/2020</u>	Employee:	<u>[Signature]</u>	
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training				
<b>Please Note:</b> 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.				



# Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
PAULA MCCOY 4 NEW		QUARTERLY			
Start of Election Cycle: January 1, 2020		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 300.00	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 0	
6) Contributions from Individuals (CRO-1210)		\$ 300.00		\$ 300.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 0	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0		\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 300.00		\$ 300.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 55.00		\$ 55.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0		\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 0		\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 55.00		\$ 55.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 245.00		\$ 245.00	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

# Contributions from Individuals

Pg 1 of 1

Amendment

☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
PAULA MCCOY 4NEC						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
HARRY JAMES, JR 1500 REYNARD DR. KERNERSVILLE, NC 27284				RETIRED		
				c. Employer's Name/Specific Field		
				NA		
				e. Election Sum to Date		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CHECK		03/14/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CLEMENTINE SHAW 3471 CAMBERLAND ROAD WILSON - SALEM, NC 27105				RETIRED		
				c. Employer's Name/Specific Field		
				NA		
				e. Election Sum to Date		
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CHECK		05/25/2020	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						



# Disbursements

Pg 1 of 1 Amendment ☐ Yes ☐ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
PAULA MCCOY4 NEW							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  US POSTAL SERVICE 7840 NORTH POINT BLVD WILSON SALEM, NC 27108 800-275-8777				<b>b. Coordinated Committee Name</b>  _____		<b>d. Comments</b>  _____	
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				<b>e. Election Sum to Date</b> \$ 55.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CHECK	I		\$ 55.00			
				\$			
<b>4. Payee Information</b> <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  _____				<b>b. Coordinated Committee Name</b>  _____		<b>d. Comments</b>  _____	
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				<b>e. Election Sum to Date</b> \$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
<b>4. Payee Information</b> <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  _____				<b>b. Coordinated Committee Name</b>  _____		<b>d. Comments</b>  _____	
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				<b>e. Election Sum to Date</b> \$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
<b>5. Total only this Page</b>						\$	
<b>6. Total of ALL CRO-1310 Pages</b>						\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							