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.

L. Committee Information				
ALVI A DOCCO CALL	Ame	ended)		c. ID Number
PAULA MCCOY 4NE D. Mailing Address (include City, State and Zip Code)	w			
710 POLO ROAD		10.	<u></u>	d. Date Filed
WINSTON-SALam (NO	27101	AUGA		01/07/2020
	2/106	. 60	l	e. Phone Number
2. Report Year 3. Period Stort Date comode	a Posti la	A Doto - Martin Via		615-545-1644
2020 02/16/2020	66/30	2020	160	les shate
6. Type of Committee Check Onel	Type of Report	WED	ARlan	les Antos
The second	Municipal	State/County		Referendum
PAC Referendum Independent Expenditure Joint Fundraiser	Organizational	Organizatio	onal	Organizational
Legal Expense Fund	Thirty-five day Pre-primary	Quarterly First		Pre-referendum
	Pre-election	Second		Final Supplemental Final
7. Type of frund (if applicable, check ore)	Pre-runoff	Third	-	Annual
Booster Fund Building Fund	Semi-annual	E Fourth		Special
building Fund	Mid Year Year End	Semi-annua	L.	The second s
Other:	Final	Mid Y Year B		10. Special Report Name
8. Number of Fundraisers this Report	Special	Final		
		Special	\$.	2
11. Account information	11	Account Informa	tion	8
a. Financial Institution Full Name		Financial Institution F		T. S. Sa
TRULIANT CREDIT UN	ION			C - 24
b. Purpose c. Account Code	The second se	Purpose	1	Advient Code
CAMPHIGH PM4X	2020			< AM
Support d. Period Begin			5	Period Repin Balance
Support SO			2	
CERTIFICATION			· · · · · · · · · · · · · · · · · · ·	
I certify that the Committee or Fund is in complian of the NC General Statutes and that no funds are as	ce with all applicat	ole provisions of Artic	le 22A, 22B,	& 22D-22M of Chapter 162
or the rice denotes and that no rends are of	mmmgled with pro-	blibited or other non-	disaloond for	ds. I further certify that this
report is complete, true and correct and that I have	been trained by the	NC State Board of E	lections.	2
ARLANDERS HUNTER JR	And	D. La	<u></u>	Talalana
Printed Name of Signer	Signatu	re of Appointed Treasur	a	Date
FOR OFFICE USE ONLY	an a	a a Ciccia da la angle		
Date Received: 777020	Employee:	125		ery Method
		0		Ionnal Mail
Date Postmarked:	Employee:			legistered Mail
Date Scanned: 77.7.2020	Employee:	tor		lectronically Filed
Date Data Entered: (9912020)	Employee:	0		igner has not received
Please Note: This form cannot be used to	which which there is a straight the second		State of the second sec	landsforv fraining
Please Note: This form cannot be used to assistant treasurer, custo	dian of books ind	e information such a	is the comm	ittee address, treasurer,
I ou must amend the Statement of	Organization (C	RO-2100A-E) to m	ake committe	DD.
CRO-1000	NC State Board of	Elections		August 2008

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

1. Committee Info	rmation	1 (11) (14) (14)				17.21 17.12 140-03032	entre antes est		
#. Full Name							. c.	ID Number	
	COY 4 NEW			Lig	2				
	clude City. State and Zip Code)			40				Date Filed	
710 POLO ROAD WINSTON- SALEMINC 271						Amended	0	7/17/2020 Phone Number	
MIMOR	She The	y m	2011		1		10	15-545-1644	
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date 5. Treasurer Full P									
2020 02/16/2020 06/30/2020 Aplalantester									
6. Type of Commit			e of Report	1 (0	heck on	ly one type of re	eport from	one category)	
Candidate Camp PAC		Municip			State/C			ferendam	
Independent	Referendum		Organizationa	I		Organizational		Organizational	
Expenditure Legal Expense F	Und		Thirty-five day	у	(Quarterly		Pre-referendum	
7. Type of Fund	(if applicable, check one)		Pre-primary			First			
"Booster Fund"			Pre-election		X	Second		Final Supplemental Final	
Building Fund			Pre-runoff		X	Third		Supplemental Final Annual	
			Semi-annual			Fourth		Special	
			Mid Year	-	5	Semi-annual		Special	
Other:			Year End			Mid Year	10.	Special Report Name	
			Final			Year End			
8. Number of Fund	raisers this Report		Special		D F	inal		P J ÷	
		1				pecial		EC UL	
11. Account Inform	ation			11 4		nformation	NUMBER OF THE STATE		
a. Financial Institution a	Full Name					tution Full Name	art. Service and the		
TRULIANT	CREPT LINIC	-U<		41 X 11141	ACIEN ALIGITA	CALIFIC P DEL 142 DEC		< P me	
b. Purpose	c. Account Code	,		b. Purp	050			Account Code	
Charpf 16H Support	PM4N26								
G	d. Period Begin Balance	e					d.	Period Begin Balance	
	s co						\$		
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. ARLANDERS HELETER JR ARLINGTON 07/17/2020									
FOR OFFICE USE O	Printed Name of Signer		Si	gnature of	Appointe	d Treasurer		Date	
Date Received:	7/17/20	E	Employee:	4	tor		Delive	ery Method	
Date Postmarked	[:	Έ	Employee:		C			Normal Mail Registered Mail	
Date Scanned:		£	Employee:					Hand Delivered Electronically Filed Signer has not received	
Date Data Entere	:d:	E	imployee:					mandatory training	
Please Note: This	s form cannot be used to am custodia	end comr in of book	nittee inforr s information	nation s	uch as ti	he committee ac	ldress, tre	asurer, assistant treasurer,	
	You must amend the Staten	nent of O	rganization	(CRO-2	2100 A E) to make some			
CRO-1000		NCC	rganzation		JOUM-E	o make comn	uiπee cha	nges.	

NC State Board of Elections

Amendment

No

Disbursements

Amendment Pg _____ of ____ Xes

No No

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

SCALING STREET, SCALING STREET	ull Name (and Fund	Statement of the local division of the local					2. ID Number
A	A MGCoy4	4NEW					
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for e	ach type of Di	sburse	ement.)
A. Operating Exp	enses 🔲 Con	tributions to Candida	tes/Politic	al Committees		oordina	ted Party Expenditures
4. Payee Inform	The second se			Add 🔲	Remove	The Carlos	
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	d Committee Na	me	d. Comments
(include city, state,	& zip)	1.1-					
USPOS	TAL SER	sice		a I aml Deala	tand (Encoler)	_	-
7840	NORTH A	DILT BW.	D	Federal State	tered (Specify)	y: ipality:	e. Election Sum to Date
WINST	ON-Salon	- NC 27,	106	C	that Walle	sparty.	\$ 55.00
f. Account Code	800 - 275	h. Purpose Code		l mm/dd/yyyy)	i. Amount	IL R	lequired Remarks
	CHECK	II	15/1		\$ 55.00	5	TAMPS
				Ì	\$		
4. Payee Inform	nation			Add	Remove		
	ing Address & Phone		and the second	b. Coordinate	d Committee Na	ume	d. Comments
(include city, sta	-						ADMINIFEE3
PAY P	1. Con			c. Level Regis	tered (Specify)		1
DAINO	1. Com			Federal	Count	y:	
Pudbu				State	Munic	ipality:	e. Election Sum to Date
							\$ 12.2.6
L. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		tequired Remarks
PM4+12620	ACCOUNTION		06	33/200	\$ 12.26	AF	DMIN FEES
			1		\$		
4. Payee Inform	nation			Add 🔲	Remove		and the second second second second
a. Full Name, Mall	ling Address & Phone			b. Coordinate	d Committee Na	ime	d. Comments
(include city, sta	te, & zip)						
				c. Level Regis	stered (Specify)		-
				State	Count Munic	-	e. Election Sum to Date
				linut otato	Gand Martin	ipuny.	1 J
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. F	Required Remarks
					\$		
	1		1		\$		
5. Total only th	nis Page			States and			\$67.26
6. Total of AL	L CRO-1310 Pages				and the second second		
and the second se	n line 13a of Detailed Sur	mmary Page CRO-1	100 if One	erating Expense	es)		\$ 67.26
	n line 13b of Detailed Sur					nm)	3 10 10 40
(This line goes is	n line 13c of Detailed Sur	nmary Page CRO-1	100 if Coo	rdinated Party	Expenditures)		
7. Purpose C	odes (List detailed	l expenditure cod	le in (h.)	above)			
A* - Media	B* - Printi			undraising	D - 7	To And	other Candidate
E - Salaries	F* - Equip			litical Party	H* -	Holdi	ing Public Office Expenses
I - Postage	J - Penalt	ies	K* - C	office Expen	ses Q*-	Dona	tion to Legal Expense Fund
O* Other	R . 48 . R . R		THE OWNER	09 5 X 28 X	and the second secon	0.720 (Marco 17	
	re detailed explanat					el-ro	
CRO-1310		NC	, state Bos	ard of Elections			December 200

Detailed Summary	Ar V	Yes No			
Use this form to summarize all disclosure reporting forms an 1. Committee Full Name (and Fund if applicable)				~	
	2. Type of			5. ID	Number
PAULA Miller 4 NEW	QUAR	<u>ier</u>			
Start of Election Cycle: 'January 1, 2020	<u>)</u>	R	Total this eporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	Ő	\$	A 660 40
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	60.40	\$	60.400
6) Contributions from Individuals	(CRO-1210)	\$	600.00	\$	600,000
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$	
9) Loan Proceeds	(CRO-1410)	\$	0	\$	0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$. 0	\$	
11) Other Receipt Sources			A STATE OF STATE		
11a) Interest on Bank Accounts	(CRO-1250)	\$	C	> \$	0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		<u> </u>	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$) \$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	<u> </u>	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	,11d and 11e)	\$	660.40	\$	660.400
EXPENDITURES					
13) Disbursements		-		1	
13a) Operating Expenditures	(CRO-1310)	\$	67.26	\$	17000
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	Ċ	\$	0
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0	\$	6
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, 1			67.26	\$	67260
19) Cash on Hand at End (Add lines 4 and 12 together, then sut	otract line 18)	\$5		\$	593.140
ADDITIONAL INFORMATION	ſ				and the second
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)	\$	<u>C</u>	-	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	<i>E</i>		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0		
25) Administrative Support	(CRO-1710)	\$	0	\$	0
26) Forgiven Loans	(CRO-1440)	\$	8	\$	O O
	(CRO-2220)	\$	0	\$	Q
28) Contributions to be Refunded	(CRO-1215)	\$) \$	0

Aggregated Contributions from Individuals Page 4 of 2 Yes

1	Amendment
1	Z Yes

No No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) 2. ID Number									
PAULAMECOY 4NEW									
3. Contributor Information									
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y) f. Amount				
Add Remove	PALLAM Luy	PAYPAL		(3)26/202	20 \$ 10.00				
Add Remove	KAREd PNU	HA. D		Allala	\$ 1000				
Add	HODE SOO	PINYPPEL		00/01/000	0 * 10,00				
Remove	Lesson 5 Druch	PARPAL		06/16/2020	0 \$ 20,20				
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(Inis ane m	(This line must be on line 5 of Detailed Summary Page CRO-1100)								

Contributions from Individuals

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X	Y

		n Individuals	ver \$50	Pg) or contributions under	of	<u>Z</u>	Amendment Yes D No
57°	· · ·	and Fund if applicab				2. ID Num	_
	PAULAI	MCCoy 4 the	71				
3. Contri	butor Informatio	0		Add 🗌 Rem	ove		[17] 计学数据 [1] 计算
	e, Mailing Address &	Phone		b. Job Title/Profession		d. Comments	
<u> </u>	city, state, & zip)	10		RETIRED			
	RY JAMES	6		c. Employer's Name/Spe	cific Field		
150	OREYNAR.	DDR,		NA			
KE	RHERSVILL	EINC 2728	4	NR		c. Election Su	
		,				\$ / 2	0.00
f. Prior	g. Account Code	h. Form of Payment	l, 10-k	and Description	J. Date (mm/dd/yy	yy)	k. Amount
	pm4Haoac	CHERR			03/14/200	20	\$ 100.00
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	te, Mailing Address & city, state, & zip)	Paone		b. Job Title/Profession		d. Comments	
	RETUT	TIE		RETIRE	D		
		• -		c. Employer's Name/Spe	cific Field		
	THADES			NA		e. Election Sum to Date	
INIA	570H-SA	LEMINC 27	10 [\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. lo-K	Und Description	j. Date (mm/dd/yy		k. Amount
	Pinney go 70	PAYPAL			04/02/20		\$ 200,00
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							\$
3. Contri	butor Informatio	n		Add 🗌 Rem	ove	127年1月1日	
	e, Mailing Address &	Phone		b. Job Title/Profession		d. Comments	
(nucrude	city, state, & zip)	ESHAN		RETIDES	D		
CLE	MENTING	E STINU	•	c. Employer's Name/Specific Field			
CLEMENTINE SHAW 3471 CUMPERIMOND ROAD			NA		e. Election Sum to Date		
WINSTON-SALEMINC 27105					\$ 200.00		
£ Prior	g. Account Code	h. Form of Payment		Gnd Description	j. Date (mm/dd/yy	уу)	k. Amount
	PM4H2020	CHECK			05/25/2	020	\$ 200.00
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4. Tota	l only this Page	2				\$ \$	20.00
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(This line	e must be on line 6 of 1	Detailed Summary Page Cl	10-1100)	In the second		

CRO-1210

Contributions from Individuals

R

Amendment Yes 📄 No

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

1. Comm	ittee Full Name (and Fund if applica	ble)	The second second		2. ID Nur	nber
1	AURAN	NECoy 41	VEL	W			
3. Contr	ibutor Informatio	<u> </u>		Add 🗌 Rer	nove	Second action	A STREET TREET TREET
a. Full Nar	ne, Mailing Address é	k Phone		b. Job Title/Profession		d. Commen	ts
(include city, state, & zip)			ATTONDER	4			
TEN	E CUMM	1465 h Street		c. Employer's Name/Sp		1	
10	126 2054	h street		COOK COUNT		- 	
LY	HWOODIT	2 60411		JUSTICE F	>e7T	c. Election S	
312	-371-4361	ł		n		\$ 60.00	
f. Prior	g. Account Code	b. Form of Payment	l. In-K	Ind Description	J. Date (mm/dd/y	<u>(yy)</u>	k. Amount
	PM4H2020	PAYPAL			06/23/2	1020	\$ 100.00
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	butor Informatio			Add Ren	nove	NU MARK	NUMBER OF STREET
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comment	3
(Include	city, state, & zip)						
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	re, Mailing Address &	Phone		b. Job Title/Profession		d. Comment	3
(Include	city, state, & zip)						
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CRO-1210 NC State Board of Elections April 2007							