Disclosure Report Cover

Amendment ☐ Yes ☐ No

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.

OCT -9 2020 RECEIVED OCT 27 PM 5:17

1. Committee Information

a. Full Name	c. ID Number
PAC4NEW	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
710 POLO ROAD WINSTON-SALEM, NC 27106	10/27/2020
	e. Phone Number
	615-545-1644

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	07/01/2020	10/17/2020	Arlanders Hunter

6. Type of Committee (Check One)

- ☐ Candidate Campaign
- ☐ Party
- ☒ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☒ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	
TRULIANT CREDIT UNION	
b. Purpose	**c. Account Code**
CAMPAIGN SUPPORT	P4N2020
	d. Period Begin Balance
	$ 287.47

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	d. Period Begin Balance
	$

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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
ARLANDERS HUNTER, Jr.	Arlanders Hunter	10/27/2020

FOR OFFICE USE ONLY

				Delivery Method
Date Received:		Employee:		☐ Normal Mail
Date Postmarked:		Employee:		☐ Registered Mail
Date Scanned:		Employee:		☐ Hand Delivered
Date Data Entered:		Employee:		☐ 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, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment ☐ Yes ☐ 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
PAC4NEW	QUARTERLY	

Start of Election Cycle: January 1, 2020		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 287.47	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 5.00	$
6) Contributions from Individuals	(CRO-1210)	$ 50.00	$
7) Contributions from Political Party Committees	(CRO-1220)	$ 00	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 00	$
9) Loan Proceeds	(CRO-1410)	$ 00	$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 00	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$ 00	$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$ 00	$
11c) Outside Sources of Income	(CRO-1250)	$ 00	$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$ 00	$
11e) Exempt Purchase Price Sales	(CRO-1265)	$ 00	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 55.00	$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 267.61	$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 00	$
13c) Coordinated Party Expenditures	(CRO-1310)	$ 00	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 00	$
15) Loan Repayments	(CRO-1420)	$ 00	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 00	$
17) In-Kind Contributions	(CRO-1510)	$ 00	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 267.61	$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 74.86	$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$ 00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$ 00	
24) Account Transfers Within the Committee	(CRO-1720)	$ 00	
25) Administrative Support	(CRO-1710)	$ 00	$
26) Forgiven Loans	(CRO-1440)	$ 00	$
27) 48-Hour Notice Reports Sum	(CRO-2220)	$ 00	$
28) Contributions to be Refunded	(CRO-1215)	$ 00	$

Disbursements

Pg 1 of 2 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAC4NEW	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SPECTRUM BUSINESS 360 E HANES MILL RD W-S, NC 27105 800-892-4249		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 118.78

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
P4N2020	CHECK	K	09/04/2020	$ 91.98	INTERNET
P4N2020	DEBIT	K	09/28/2020	$ 26.85	INTERNET

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VISTA PRINT HUDSONWEG 8 VENLO, NETHERLANDS 5928LW		☐ Federal ☒ County: ☐ State ☐ Municipality:	BUSINESS CARDS	$ 214.35

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
P4N2020	DEBIT	B	07/15/2020	$ 146.63	CAMPAIGN CARDS
				$	

4. Payee Information ☐ Add ☒ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VISTAPRINT HUDSONWEG 8 VENLO, NETHERLANDS 5928LW		☐ Federal ☒ County: ☐ State ☐ Municipality:	HANDOUTS	$ 67.72

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
P4N2020	DEBIT	B	04/26/2020	$ 67.72	CAMPAIGN MATERIAL
				$	

5. Total only this Page	$ 265.41
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 265.41

7. Purpose Codes (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)**

Disbursements

Pg 2 of 2 | Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAC4NEW	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
PAYPAL PAYPAL.COM	c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 2.20

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
P4N2020	ACCT. DEDUCT	O	07/11/2020	$ 1.75	Service Fee
P4N2020	ACCT. DEDUCT	O	08/01/2020	$ .45	Service Fee

4. Payee Information ☐ Add ☒ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
PAYPAL PAYPAL.COM	c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 27.91

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
P4N2020	ACCT. DEDUCT	O	03/02/2020	$ 27.91	Service Fee
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$ 2.20
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 267.61

7. Purpose Codes (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)**

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
PAC4NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KELLIE EASTON Kellie@EastonRidgegroup.com				$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PAN 2020	PayPal		07/11/2020	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$ 50.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 50.00

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☐ 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
PAC4NEW	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	P4N2020	PAYPAL		08/01/2020	$ 5.00
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$

4. Total only this Page	$ 5.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 5.00

Disclosure Report Cover

Amendment ☐ Yes ☐ No

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 Information

a. Full Name	c. ID Number
PAULA McCoy 4NEW	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
710 POLO ROAD WINSTON-SALEM NC 27106	10/27/2020
	e. Phone Number
	615-545-1644

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	07/01/2020	10/17/2020	[signature]

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

6

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☒ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	
TRUIST CREDIT UNION	
b. Purpose	**c. Account Code**
CAMPAIGN SUPPORT	PM4N2020
	d. Period Begin Balance
	$ 245.00

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	d. Period Begin Balance
	$

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 HUNTER	[signature]	10/27/20
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

				Delivery Method
Date Received:		Employee:		☐ Normal Mail
Date Postmarked:		Employee:		☐ Registered Mail
Date Scanned:		Employee:		☐ Hand Delivered
Date Data Entered:		Employee:		☐ 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, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment ☐ Yes ☐ 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 NCW	QUARTERLY	

Start of Election Cycle: January 1, 2020		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 245.00	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 1,526.00	$
6) Contributions from Individuals	(CRO-1210)	$ 4859.00	$
7) Contributions from Political Party Committees	(CRO-1220)	$ 00	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 00	$
9) Loan Proceeds	(CRO-1410)	$ 00	$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 00	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$ 00	$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$ 00	$
11c) Outside Sources of Income	(CRO-1250)	$ 00	$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$ 00	$
11e) Exempt Purchase Price Sales	(CRO-1265)	$ 00	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 6385.00	$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 4198.38	$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 00	$
13c) Coordinated Party Expenditures	(CRO-1310)	$ 00	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 00	$
15) Loan Repayments	(CRO-1420)	$ 00	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 00	$
17) In-Kind Contributions	(CRO-1510)	$ 351.72	$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 4550.10	$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 1,834.90	$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$ 00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$ 00	
24) Account Transfers Within the Committee	(CRO-1720)	$ 00	
25) Administrative Support	(CRO-1710)	$ 00	$
26) Forgiven Loans	(CRO-1440)	$ 00	$
27) 48-Hour Notice Reports Sum	(CRO-2220)	$ 00	$
28) Contributions to be Refunded	(CRO-1215)	$ 00	$

Aggregated Contributions from Individuals

Page 1 of 4

Amendment ☐ Yes ☐ 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
PAULA McCOY 4 NEW	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	PM4N2020	PAYPAL		07/29/2020	$ 25.00
☐ Add ☐ Remove	PM4N2020	PAYPAL		08/05/2020	$ 25.00
☐ Add ☐ Remove	PM4N2020	PAYPAL		08/26/2020	$ 25.00
☐ Add ☐ Remove	PM4N2020	PAYPAL		09/07/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	PAYPAL		09/15/2020	$ 25.00
☐ Add ☐ Remove	PM4N2020	CASH		09/01/2020	$ 5.00
☐ Add ☐ Remove	PM4N2020	CASH		09/01/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		09/01/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		09/02/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		09/03/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		09/04/2020	$ 7.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 15.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 30.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 35.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 30.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 40.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 22.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 35.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 40.00

4. Total only this Page	$ 489.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 489.00

Aggregated Contributions from Individuals

Page 2 of 4

Amendment ☐ Yes ☐ 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
PAULA McCoy 4 NEW	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 31.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		09/11/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		09/25/2020	$ 15.00
☐ Add ☐ Remove	PM4N2020	CASH		09/25/2020	$ 5.00
☐ Add ☐ Remove	PM4N2020	CASH		09/25/2020	$ 25.00
☐ Add ☐ Remove	PM4N2020	CASH		09/25/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		09/25/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		09/25/2020	$ 4.00
☐ Add ☐ Remove	PM4N2020	CASH		09/25/2020	$ 6.00
☐ Add ☐ Remove	PM4N2020	CASH		09/25/2020	$ 34.00
☐ Add ☐ Remove	PM4N2020	CASH		09/25/2020	$ 12.00
☐ Add ☐ Remove	PM4N2020	CASH		09/25/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		09/25/2020	$ 5.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 30.00
☐ Add ☐ Remove	PM4N2020				$

4. Total only this Page	$ 347.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 836.00

Aggregated Contributions from Individuals

Page 3 of 4

Amendment ☐ Yes ☐ 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
PAULA McCoy 4 NEW	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 40.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 22.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 5.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 5.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 25.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 15.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 15.00
☐ Add ☐ Remove	PM4N2020	CASH APP		10/02/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH APP		10/02/2020	$ 15.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 17.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 15.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 2.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 5.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 30.00
☐ Add ☐ Remove	PM4N2020	CASH APP		10/02/2020	$ 10.00

4. Total only this Page	$ 357.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)	$ 1187.00

Aggregated Contributions from Individuals

Page 4 of 4

Amendment ☐ Yes ☐ 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

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 11.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 13.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 1000
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		10/02/2020	$ 30.00
☐ Add ☐ Remove	PM4N2020	CHECK		10/02/2020	$ 3000
☐ Add ☐ Remove	PM4N2020	CASH		10/09/2020	$ 25.00
☐ Add ☐ Remove	PM4N2020	CASH		10/09/2020	$ 25.00
☐ Add ☐ Remove	PM4N2020	CASH		10/09/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CASH		10/09/2020	$ 25.00
☐ Add ☐ Remove	PM4N2020	CASH		10/09/2020	$ 2000
☐ Add ☐ Remove	PM4N2020	CASH		10/09/2020	$ 30.00
☐ Add ☐ Remove	PM4N2020	CASH APP		10/09/2020	$ 10.00
☐ Add ☐ Remove	PM4N2020	CASH		10/09/2020	$ 20.00
☐ Add ☐ Remove	PM4N2020	CHECK		09/29/2020	$ 25.00
☐ Add ☐ Remove	PM4N2020	CHECK		09/10/2020	$ 5.00
☐ Add ☐ Remove	PM4N2020	CASH		10/09/2020	$ 20.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 339.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1526.00

In-Kind Contributions

Pg 1 of 2 | Amendment ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAULA McCOY NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PAULA McCOY 4636 OLD BAUX MT. ROAD W-S, NC 27105 336-575-6099	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 143.96

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE FOR CANDIDACY	07/06/2020	$ 5.00
INK CARTRIDGES FOR CAMPAIGN	07/16/2020	$ 84.51
POSTAGE FOR CAMPAIGN MAILINGS	08/08/2020	$ 54.45

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PAULA MCCOY 4636 OLD BAUX MT. ROAD W-S, NC 27105 336-575-6099	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 212.32

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
MATERIALS TO BUILD CAMPAIGN FRAMES	09/09/2020	$ 30.38
MATERIALS FOR CAMPAIGN SIGNS	09/15/2020	$ 10.28
FOOD + SUPPLIES FOR FUNDRAISER	09/18/2020	$ 27.70

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PAULA McCOY 4636 OLD BAUX MT. Rd W-S, NC 27105 336-575-6099	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 281.72

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
MATERIALS FOR SIGN FRAMES	09/08/2020	$ 48.06
FOOD + SUPPLIES FOR FUNDRAISERS	09/25/2020	$ 21.34
		$

4. Total only this Page	$ 281.72
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 281.72

In-Kind Contributions

Pg 2 of 2 | Amendment ☐ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAULA McCoy 4 NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
MARK FLYNT 4400 OLD WALKERTOWN Rd W-S, NC 27105 336-767-2211	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 70.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD + SUPPLIES FOR FUNDRAISER	08/31/2020	$ 70.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 70.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 351.72

Contributions from Individuals

Pg 1 of 14 | 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 4 NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM McCLAIN 1001 S. MARSHALL ST W-S, NC 27101	AUDIO PRODUCTION	SELF		$ 359.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		07/01/2020	$ 250.00
☐	PM4N 2020	CASH		10/02/2020	$ 40.00
☐	PM4N2020	CASH		10/09/2020	$ 69.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONNA LAMBERT 1244 ARBOR RD. #B208 W-S, NC 27104	NA	RETIRED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		07/13/2020	$ 200.00
☐	PM4N2020				$
☐	PM4N2020				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARTIN RADER 265 PARADOX LN. HOT SPRINGS, NC 28743	N/A	RETIRED		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		07/14/2020	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 609.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 609.00

Contributions from Individuals

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 4 NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
C. INEZ DAVIS 2230 QUEEN ST. WINSTON-SALEM, NC 27103	NA	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		07/11/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BEVERLY PETTY 1917 BETHANIA-RURAL HALL W-S, NC 27106				$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		07/07/2020	$ 25.00
☐	PM4N2020	CHECK		07/28/2020	$ 25.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARK FLYNT 4400 OLD WALKERTOWN Rd W-S, NC 27105 336-767-2211	MANAGER	PEALL IAN BARBEQUE		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		07/22/2020	$ 100.00
☐	PM4N2020	CHECK		08/10/2020	$ 100.00
☐					$ -

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 959.00

Contributions from Individuals

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): PAULA MCCA/4NEW

2. ID Number:

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): BONITA SCARBROUGH, 108 HUFF CIRCLE, WS, NC 27105

b. Job Title/Profession: HR MANAGER

c. Employer's Name/Specific Field: GOIT

d. Comments:

e. Election Sum to Date: $ 210.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4H2020	CHECK		08/07/2020	$ 200.00
☐	PM4H2020	CASH		10/09/2020	$ 10.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): ELAINE SWINSON, 978 RIDGEVIEW, WS, NC 27127

b. Job Title/Profession: NA

c. Employer's Name/Specific Field: RETIRED

d. Comments:

e. Election Sum to Date: $ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4H2020	CHECK		09/04/2020	$ 50.00
☐	PM4H2020	CASH		09/21/2020	$ 20.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): BRENDA DIGGS, 3609 ANDREA LANE, WS, NC 27105

b. Job Title/Profession: NA

c. Employer's Name/Specific Field: RETIRED

d. Comments:

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
☐	PM4H2020	CHECK		09/04/2020	$ 100.00
☐					$
☐					$

4. Total only this Page: $ 380.00

5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*: $ 1,339.00

Contributions from Individuals

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 4 NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GREGORY SQUIRES 1019 N. JACKSON AVE. W-S, NC 27101				$ 5000

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		08/28/2020	$ 5000
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
YVONNE WINGFIELD 4630 NORTHVIEW ST W-S, NC 27105	NA	RETIRED		$ 115.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		09/01/2020	$ 100.00
☐	PM4N2020	CASH		09/01/2020	$ 5.00
☐	PM4N2020	CASH		09/25/2020	$ 10.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ELBERT FORD 430 ALSPAUGH W-S, NC 27105	NA	RETIRED		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		09/09/2020	$ 100.00
☐	PM4N2020	CASH		09/04/2020	$ 15.00
☐	PM4N2020	CASH		09/25/2020	$ 10.00

4. Total only this Page	$ 290.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,629.00

Contributions from Individuals

Pg 5 of 14 | 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 4NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRENDA THOMAS	SALES	SELF		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CASH		09/11/2020	$ 30.00
☐	PM4N2020	CASH		09/25/2020	$ 20.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CAROL L. DAVIS 5020 ELTHA DRIVE WS, NC 27106	NA	RETIRED		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		09/15/2020	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LEVONIA McCOY 1306 MARBORO DRIVE GREENSBORO, NC 27406	NA	RETIRED		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		09/04/2020	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1779.00

Contributions from Individuals

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 4 NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KAREN BLUE 220 ATHENS DRIVE WS, NC 27106	EDUCATOR	WSFCS SCHOOLS		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4H2020	CHECK		09/18/2020	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
AARON HARRIS 5029 MT. HOPE DRIVE WS, NC 27107				$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4H2020	CHECK		09/21/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BUFORD FOOTE 5028 SUNNYLANE WS, NC 27051	NA	Retired		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4H2020	CHECK		09/21/2020	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,279.00

Contributions from Individuals

Pg 7 of 14 | 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 4 NCHW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LINDA MILLER 833 CLAYTON AVENUE NASHVILLE, TN 37204	NA	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CHECK		09/21/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RONNIE MOORE 415 TOREY PINE CT. WS, NC 27105	NA	RETIRED		$ 115.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CASH		09/02/2020	$ 30.00
☐	PM4N2020	CHECK		09/25/2020	$ 50.00
☐	PM4P2020	CASH		10/02/2020	$ 35.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RONNIE MOORE 415 TOREY PINE CT WS, NC 27105	NA	RETIRED		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CASH		10/09/2020	$ 40.00
☐					$
☐					$

4. Total only this Page	$ 255.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2534.00

Contributions from Individuals

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 4 NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GREGORY BREWER 3314 HEALY DRIVE WINSTON-SALEM, NC 27103	HOME HEALTH	SELF		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4A2020	CHECK		09/28/2020	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TOM DESCH 7719 WHITEHORSE DRIVE CLEMMONS, NC 27012	COUNSELOR	SELF		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4A2020	CHECK		10/09/2020	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMILA MCCOY 1821 PROVIDENCE N.E. #4 WASHINGTON, DC 20002 202-538-9042	ATTORNEY	MARRIOTT CORP		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4A2020	PAYPAL		07/03/2020	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2684.00

Contributions from Individuals

Pg 10 of 14 | 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 4 NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHRISTIE WILLIAMS 8381 TUSCANY DRIVE LEWISVILLE, NC 27023 770-241-1577	VOLUNTEER	LOVE OUT LOUD		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4H2020	PAYPAL		09/04/2020	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RACHEL MOXLEY 3186 ROSWOOD DR NASHVILLE, TN 37207	NA	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4H2020	PAYPAL		09/04/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEVEN McCOY 850 NORTH CHESTER W-S, NC 27105	US POST OFFICE	US Postal Service		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4H2020	PAYPAL		09/06/2020	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3134.00

Contributions from Individuals

Pg 11 of 14 | 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 4NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SANDRA OKONTA 8025 North Point BLVD W-S, NC 27106	TAX ADVISOR	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	PAYPAL		09/23/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARTHA WOODS 121 PRAGUE CIRCLE W-S, NC 27106	NA	RETIRED		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	PAYPAL		09/26/2020	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOY HEINSOHN 1795 Robinhood Rd W-S, NC 27104 336-207-1983	PROGRAM DIRECTOR	REYNOLDS FOUNDATION		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	PAYPAL		10/01/2020	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3334.00

Contributions from Individuals

 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 4NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RENEE MACHUTT ReNeeWimbush@gmail.com				$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	PAYPAL		10/05/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CLAIRE TUTTLE 635 TRADE ST W-SINC 27101	RETIRED	NA		$ 1200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	PAYPAL		07/14/2020	$ 1000.00
☒	PM4N2020	PAY PAL		04/02/2020	$ 200.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JANE WILSON JANIEBUTLER WILSON @ hotmail.com	NA	RETIRED		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	PAYPAL		07/09/2020	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 1,150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4484.00

Contributions from Individuals

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 4 NEW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANDREW LA ROWE larowea@gmail.com				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4H2020	PAYPAL		07/09/2020	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BONNIE NEWKIRK bonnyek@aol.com	NA	RETIRED		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4H2020	PAYPAL		07/09/2020	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KATHERYN NORTHINGTON				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4A2020	PAYPAL		07/13/2020	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4684.00

Contributions from Individuals

Pg 14 of 14 | 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 4 NCHW	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID SCRUGGS djscruggs@originsight.com				$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	PAYPAL		07/25/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LYNETTE FITZGERALD 203 MOTOR ROAD W-S, NC 27106 301-821-1130	NA	RETIRED		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	PM4N2020	CASH		09/04/2020	$ 50.00
☐	PM4N2020	CASH		10/02/2020	$ 10.00
☐	PM4N2020	CASH		10/09/2020	$ 15.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$ 175.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4859.00

Disbursements

Pg 1 of 10 | Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAULA MCCOY 4 NEW	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VISTAPRINT NETHERLANDS HUDSONWEG 8 VENLO, NETHERLANDS 5928LW		☐ Federal ☒ County: ☐ State ☐ Municipality:	CAMPAIGN MATERIALS	$ 1907.59

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	B	08/26/2020	$ 1304.99	YARD SIGNS
PM4N2020	DEBIT	B	09/02/2020	$ 602.60	CAMPAIGN BANNERS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
AMAZON AMAZON.COM		☐ Federal ☒ County: ☐ State ☐ Municipality:	CAMPAIGN MATERIALS	$ 31.55

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	B	09/02/2020	$ 31.55	DOOR HANGERS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WOOTEN GRAPHICS DRAWER 819 LEXINGTON, NC 27374 336-731-4650		☐ Federal ☒ County: ☐ State ☐ Municipality:	CAMPAIGN MATERIALS	$ 160.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	F	09/14/2020	$ 160.50	STAKES FOR SIGNS
				$	

5. Total only this Page	$ 2099.64
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 4198.38

7. Purpose Codes (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)**

Disbursements

 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAULA McCoy 4 NEW	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PAYPAL PAYPAL.COM		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 56.84

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT ACCT	K	07/31/2020	$ 53.03	SERVICE FEE
PM4N2020	DEBIT ACCT	K	08/31/2020	$ 3.81	SERVICE FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PAY PAL PAYPAL.COM		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 80.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT ACCT	K	09/30/2020	$ 24.01	SERVICE FEE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
TRUIANT CREDIT UNION 7780 NORTH POINT BLVD WS, NC 27106 800-822-0382		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 26.10

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT ACCT	K	07/29/2020	$ 26.10	CHECK FEE
				$	

5. Total only this Page	$ 106.95
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (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)**

Disbursements

 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAULA McCoy 4 NEW	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FEDEX OFFICE 2325 Stratford Rd W-S, NC 27103 336-722-6611	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 174.48

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	K	10/14/2020	$ 174.48	OFFICE SUPPLIES
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
OFFICE DEPOT 7774 NORTH POINT BLVD W-S, NC 27106 336-896-1595	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 79.32

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	K	09/28/2020	$ 20.00	OFFICE Supplies
PM4N2020	CASH	K	07/17/2020	$ 59.32	OFFICE Supplies

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FORSYTH County Clerk W-S, NC 27101	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	FEES FOR COURT FILING FOR PM4NEW e. Election Sum to Date $ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	CHECK	C	09/03/2020	$ 200.00	CIVIL FEES
				$	

5. Total only this Page	$ 453.80
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (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)**

Disbursements

Pg 4 of 10 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
PARLAW LLC Cox 4 NEW	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
EXCALIBUR MARKETING 4820 BETHANIA STATION Rd. W-S, NC 27105 336-744-5000		☐ Federal ☒ County: ☐ State ☐ Municipality:	CAMPAIGN HANDOUTS	$ 780.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4NEW2020	CHECK	B	08/04/2020	$ 780.00	CAMPAIGN PRINTING
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ZESTO CATERING 2600 NEW WALKERTOWN Rd W-S, NC 27105 336-793-5548		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 160.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	CHECK	B	08/04/2020	$ 160.00	CAMPAIGN HQ Opening
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FOOD LION 3505 PATTERSON AV W-S, N C 27105 336-744-4587		☐ Federal ☒ County: ☐ State ☐ Municipality:	FUNDRAISER	$ 16.45

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	09/11/2020	$ 16.45	FUNDRAISER Supplies
				$	

5. Total only this Page	$ 956.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (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)**

Disbursements

Pg 5 of 10 | Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAULA MCCOY 4N EW	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LOWES HOME 5901 UNIVERSITY W-S, NC 27105 336-377-3600	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 312.69

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	F	09/13/2020	$60.90	FRAMES FOR SIGNS
PM4N2020	DEBIT	F	09/11/2020	$251.79	FRAMES FOR SIGNS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LOWES HOME 5901 UNIVERSITY W-S, NC 27105 336-377-3600	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 391.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	F	09/11/2020	$42.71	FRAMES FOR SIGNS
PM4N2020	DEBIT	F	09/15/2020	$36.04	FRAMES FOR SIGNS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ANTOINE BALDWIN 814 N. CAMERON AV W-S, NC 27105 336-534-3687	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	FRAMES FOR SIGNS e. Election Sum to Date $ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	CHECK	O	09/14/2020	$ 100.00	BUILDING FRAMES
				$	

5. Total only this Page	$ 491.44
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (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)**

Disbursements

 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
DALLAS McCoy 4 NEW	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CONSWAYGO SMITH 851 N. CAMERON AV W-S, NC 27105 336-639-3687		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 25.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4NE2020	CHECK	O	10/16/2020	$25.00	POLL WORKER
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VERNON HOBSON 205 FRAZIER CREEK Rd W-S, NC 27105 336-740-1628		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	CHECK	O	10/17/2020	$50.00	POLL WORKER
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
TABITHA BELL 2819 GLEN AV W-S, NC 27105 917-454-4549		☐ Federal ☒ County: ☐ State ☐ Municipality:	REIMBURSE FOR SUPPLIES PURCHASED	$ 45.85

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	CHECK	K	08/13/2020	$35.37	OFFICE SUPPLIES
PM4A2020	CHECK	K	09/02/2020	$10.48	OFFICE SUPPLIES

5. Total only this Page	$ 120.85
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (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)**

Disbursements

Pg 7 of 10 | Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Paula McCoy 4 New	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SAMS CLUB 284 Summitt Square W-S, NC 27105 336-377-2820		☐ Federal ☒ County: ☐ State ☐ Municipality:	Food + Supplies For Fundraiser	$ 138.09

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	09/10/2020	$ 94.90	Food + Supplies
PM4N2020	DEBIT	C	09/17/2020	$ 43.19	Food + Supplies

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SAMS CLUB 284 Summitt Square W-S, NC 27105 336-377-2820		☐ Federal ☒ County: ☐ State ☐ Municipality:	Food + Supplies For Fundraiser	$ 231.37

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	09/24/2020	$ 86.10	Food + Supplies
PM4N2020	DEBIT	C	09/25/2020	$ 7.18	Food + Supplies

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SAMS CLUB 284 Summitt Square W-S, NC 27105 336-377-2820		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 300.84

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	10/01/2020	$ 62.29	Food + Supplies
PM4N2020	DEBIT	C	10/02/2020	$ 7.18	Food + Supplies

5. Total only this Page	$ 300.84
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (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)**

Disbursements

Pg 8 of 10 Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAULA McCoy 4 NEW	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SAMS CLUB 284 Summitt Square W-S, NC 27105 336-377-2820		☐ Federal ☒ County: ☐ State ☐ Municipality:	Food + Supplies For Fundraiser	$375.02

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4NEW20	DEBIT	C	10/08/2020	$ 74.18	Food + Supplies
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FLOWERS BAKERY 479 SHATTALON W-S, NC 336-744-3525		☐ Federal ☒ County: ☐ State ☐ Municipality:	Food + Supplies For Fundraiser	$ 10.47

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	09/10/2020	$ 4.83	Food + Supplies
PM4N2020	DEBIT	C	09/05/2020	$ 5.64	Food + Supplies

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FLOWERS BAKERY 479 SHATTALON W-S, NC 336-744-3525		☐ Federal ☒ County: ☐ State ☐ Municipality:	Food + Supplies For Fundraiser	$ 16.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	10/09/2020	$ 6.28	Food + Supplies
				$	

5. Total only this Page	$ 90.93
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (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)**

Disbursements

Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAULA McCoy 4 NCHW	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WAL MART 5039 University W-S, NC 27106 336-293-1340		☐ Federal ☒ County: ☐ State ☐ Municipality:	Food + Supplies For Fundraiser	$ 58.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	09/18/2020	$ 20.28	Food + Supplies
PM4N2020	DEBIT	C	09/24/2020	$ 37.72	Food + Supplies

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WAL MART 5039 University W-S, NC 27106 336-293-1340		☐ Federal ☒ County: ☐ State ☐ Municipality:	Food + Supplies For Fundraiser	$ 113.88

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	09/30/2020	$ 28.03	Food + Supplies
PM4N2020	DEBIT	C	10/08/2020	$ 27.85	Food + Supplies

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WAL MART 5039 University W-S, NC 27106 336-293-1340		☐ Federal ☒ County: ☐ State ☐ Municipality:	Food + Supplies For Fundraiser	$ 129.32

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	10/09/2020	$ 15.44	Food + Supplies
				$	

5. Total only this Page	$ 129.32
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$

7. Purpose Codes (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)**

Disbursements

Pg 10 of 10 | Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
PAULA MCCOY 4 NEW	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
OGBURN STATION MEATS 4194 GLENN HWY W-S, NC 27105 336-744-0626		☐ Federal ☒ County: ☐ State ☐ Municipality:	FUNDRAISER SUPPLIES	$ 182.82

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	09/11/2020	$ 102.82	Food + Supplies
PM4N2020	DEBIT	C	09/18/2020	$ 80.00	Food + Supplies

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
OGBURN STATION MEATS 4194 GLENN HWY W-S, NC 27105 336-744-0626		☐ Federal ☒ County: ☐ State ☐ Municipality:	FUNDRAISER	$ 299.09

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	09/24/2020	$ 9.80	FOOD + SUPPLIES
PM4N2020	DEBIT	C	10/01/2020	$ 24.47	FOOD + SUPPLIES

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
OGBURN STATION MEATS 4194 GLENN HWY W-S, NC 27105 336-744-0626		☐ Federal ☒ County: ☐ State ☐ Municipality:	FUNDRAISER	$ 395.05

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PM4N2020	DEBIT	C	10/08/2020	$ 95.96	Food + Supplies
				$	

5. Total only this Page	$ 395.05
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 498.38

7. Purpose Codes (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)**