## **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 Inform	mation				ORSY	TH COUNTY	
a. Full Name					0 (337	FELECTIONS	c. ID Number
Kevin Mundy for Ci	ty Council			2020	JUL -	8 PM 2:44	
b. Mailing Address (inclu	ide City, State and Zip Code)						d. Date Filed
1100 Hudgins Hill C				life 1			
Winston-Salem, NC	27103		•	H1完合升 1			7/6/20
							e. Phone Number
							336-918-0259
2. Report Year	3. Period Start Date (mm/o	id/yy)	4. Period (mm/dd/yy)	End Da	ite	5. Treasurer Fr	ull Name
2020	02/16/20		06	/30/20		Rodney R Wind	dsor
6. Type of Committee		9. Ty	pe of Report	(c	heck on	ly one type of repo	ort from one category)
Candidate Campai		Munici	-		State/C	County	Referendum
PAC Independent	Referendum		Organizationa	J		Organizational	Organizational
Expenditure Legal Expense Fur	Joint Fundraiser		Thirty-five day	ý	, 	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)		Pre-primary			First	Final I
"Booster Fund"			Pre-election			Second	Supplemental Final
Building Fund			Pre-runoff			Third	Annual
			Semi-annual			Fourth	Special
			Mid Year			Semi-annual	
Other:		님	Year End Final			Mid Year Year End	10. Special Report Name
8. Number of Fundra	aisers this Report		Special			Final	1
	inders this report		opoona		~	Special	
11. Account Informa	tion			11 40		nformation	
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BB&T							
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
Account for	KMFCC	-CHK					
receipts & disbursement	d. Period Begin Balance						d. Period Begin Balance
of campaign							
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CERTIFICATION							
the NC General Statut	es and that no funds are co correct and that I have been 'indsor	mmingle	ed with proh by the NC S	ibited or tate Boa drey	r other r ard of E <u>A. A</u>	non-disclosed fund lections. /Warr	B, & 22D-22M of Chapter 163 of is. I further certify that this report 7/c/2020
FOR OFFICE USE ON	Printed Name of Signer		SI	gnature of	r veboiut	ed Treasurer	Date
Date Received:	718/20		Employee:		top	$ \leq $	Delivery Method
Date Postmarked:			Employee:				Registered Mail Hand Delivered
Date Scanned:			Employee:				<ul> <li>Electronically Filed</li> <li>Signer has not received</li> </ul>
Date Data Entered	1:		Employee:				mandatory training
Please Note: This			nmittee infor oks informati				dress, treasurer, assistant treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment Yes

 $\boxtimes$ 

No

<b>Contributions from Individuals</b> Use this form to report individual contributions over \$	Pg <u>1</u> of 50 or contributions under \$50 if form CR	Amendment <u>1</u> <u>Yes</u> <u>No</u> O 1205 is not used
1: Committee Full Name (and Fund if applicable)	and the second	2.1D Number
Kevin Mundy for City Council		n/a
3. Contributor Information	Add	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	
John Benson		
1255 Hudgins Hill Ct.	c. Employer's Name/Specific Field	1

Winston-	Salem, NC			Not employed				
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E - Salaries	F* - Equipment			i na Int	H* Holding	Public O	ffice Expenses	and the second
I - Postage	J - Penalties	K* - Office	Expenses		Q* - Donatio	on to Legal	Expense Fund	
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