Disclosure Report Cover	\boxtimes	Yes	
se this form for general report and committee information, must be signed and submitted along with	other	letailed form	ne

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 Info	rmation				F 67/8	YTH C	JUNTY	
a. Full Name					PAUV	Ur EL	ECHONE .	c. ID Number
JoAnne Allen Com	mittee Fo	or Mayor		207	USEP	-9 A	M11:31	
b. Mailing Address (inc	lude City,	State and Zip Code)	-					d. Date Filed
P.O. Box 284 Winston-Salem, NC 27102					07/06/2020			
(Amended)					e. Phone Number			
336-602-5369								336-602-5369
2. Report Year	3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer F				5. Treasurer Full			
2020		12/21/2019		02/1	5/2020		Millicent JoAnne	Allen
6. Type of Commit	tee (Che	ck One)	9. Typ	e of Report	(ci	heck on	ly one type of report	t from one category)
Candidate Camp		Party	Munici			State/C	ounty	Referendum
PAC		Referendum		Organizational			Organizational	Organizational
Independent Expenditure		Joint Fundraiser		Thirty-five day	,	(Quarterly	Pre-referendum
Legal Expense F		cable, check one)	\boxtimes	Pre-primary			First	Final
7. Type of Fund "Booster Fund"	(y appi)	cable, theth one)		Pre-election		H	Second	Supplemental Final
Building Fund				Pre-runoff		H	Third	Annual
Dunding I und				Semi-annual		H	Fourth	Special
				Mid Year		;	Semi-annual	
Other:			lΠ	Year End			Mid Year	10. Special Report Name
				Final			Year End	
8. Number of Fund	lraisers t	his Report		Special			Final	
	0						Special	
11. Account Inform	nation				11. Ac	count l	nformation	
a. Financial Institution	Full Name				a. Finai	icial Inst	itution Full Name	
Allegacy								
b. Purpose		c. Account Code			b. Purp	ose		c. Account Code
Campaign		1						
Account For								
Expenditures	-	d. Period Begin Balanc	2					d. Period Begin Balance
And Receipts		\$ 1108.42						\$
CERTIFICATION				a 11 - 12 - 12 - 12 - 13	1.1.		- 6 A-+:-1- 22 A 22 D	8-22D 22M of Chanton 162 of
I certify that the Cor	mmittee	or Fund is in compli	ance wi	th all applica	ibite pro	visions (or Article 22A, 22B	s, & 22D-22M of Chapter 163 of s. I further certify that this report
is complete, true and	d assessed	and that I have been	mmingi	by the NC	Itate Bo	ard of F	Hections .	. I further certify that this report
is complete, true and		// // .	i trainec	by the ive	les		24.1/10/2	9/9/2020
Lillicen		d Name of Signer		_ 1500	10000	1.4	ted Treasurer	Date
FOR OFFICE USE		I Name of Signer			gritture	Прош	1	
		010120		p. 1		1		Delivery Method
Date Received:		110120		Employee:		-	\rightarrow	Normal Mail
Date Postmarke	ed:			Employee:				Registered Mail Hand Delivered Electronically Filed
Date Scanned:				Employee:		-	And the American State of the S	Signer has not received mandatory training
Date Data Ente	red:			Employee:		-		mandatory training
			1				the committee oddr	ress treasurer assistant treasurer.

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.

Amendment

Yes No

Detailed SummaryUse 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
JoAnne Allen Committee For Mayor	Pre-primary			
Start of Election Cycle: January 1,	2020	Total this		Total this
4) Cash on Hand at Start	2020	 Reporting Period		Election Cycle
REGEIPTS		\$ 1108.42	\$	0
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 107.37	\$	107.37
6) Contributions from Individuals	(CRO-1210)	\$ 387.20		387.20
7) Contributions from Political Party Committees	(CRO-1220)	\$ 307.20	\$	367.20
8) Contributions from Other Political Committees	(CRO-1230)	\$ 	\$	
9) Loan Proceeds	(CRO-1410)	\$ 750.00	\$	750.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 	s	
11) Other Receipt Sources	`			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 	\$	
11b) Contributions from Not-for-Profit Organizatio	ons <i>(CRO-1250)</i>	\$ 	\$	-
11c) Outside Sources of Income	(CRO-1250)	\$ 	\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	, Ild and Ile)	\$ 1244.57	\$	1244.57
EXPENDITURES	a yet is the face of the state of the			
13) Disbursements				and analysis of the second sec
13a) Operating Expenditures	(CRO-1310)	\$ 1639.16	\$	1639.16
13b) Contributions to Candidates/Political Committ	tees (CRO-1310)	\$ 	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$ 	\$	_
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 1639.16	\$	1639.16
19) Cash on Hand at End (Add lines 4 and 12 together, then subti	ract line 18)	\$ 713.83	\$	713.83
ADDITIONALINFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ ······································		
21) Outstanding Loans (incl. ones from other campaign		\$ 100.00		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$!	
25) Administrative Support	(CRO-1710)	\$ 	\$	
26) Forgiven Loans	(CRO-1440)	\$ 	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 	\$	
28) Contributions to be Refunded	(CRO-1215)	\$ 	\$	

Aggregated Contributions from Individuals

Page

1 of 1 Amendment

Yes No

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

JoAi	mmittee Full Nai me Allen Commit	me (and Fur tee For May	id if applicable) or		2. I	D Number
3. Co	ntributor Inform	ation				
a. Am	end	b. Account Code	c. Form of Payment	d. In-Kind Description	c. Date	f. Amount
!-	Add	1	Electronic	Description	(mm/dd/yyyy)	1. AMOUNT
님_	Remove	<u> </u>	Electrome		12/31/2019	\$ 19.12
 	Add	1	Electronic		 	-
북_	Remove		Bieddone		01/16/2020	\$ 20.00
\	Add Remove	1	Electronic			
=-	Add				01/31/2020	\$ 20.00
<u> </u>	Remove	1	Electronic		02/05/2020	
	Add				02/05/2020	\$ 48.25
	Remove					6
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	al of ALL CRO					
This li	ne must be on line 5 of	Detailed Summ	nary Page CRO-1100)		\$	107.37
<i>10-12</i>	05	ı		Board of Elections		

Cont	ributions fro	om Individuals	;	,	Da 1	_	Amendme	-
Use this	s form to report in	dividual contributions	over \$	50 or contributions u	nder \$50 if form Cl	r RO 1205 is	not used	es 🗵 N
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	Allen Committee							
	tributor Informat			Add	Remove:		de la company	the termination
	ame, Mailing Address	& Phone	<u></u>	b. Job Title/Profession		d. Comme	ents	Almid Wi
(includ Robert 1	le city, state, & zip)			Retired		u. Comm.	:his	
	Nobles th Court			Ì <u></u>	<u>-</u>	_]		•
	n-Salem, NC 27127	7		c. Employer's Name/	Specific Field			
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		i						
f. Prior	g. Account Code	h. Form of Payment				\$	96.80	
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	1	Electronic			12/31/2	2019	\$	96.80
							\$	
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	me, mannig Address & city, state, & zip)	& Phone		b. Job Title/Profession Entertainment	n	d. Commer	nts	*:
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	pulveda Blvd.			c. Employer's Name/S	Specific Field	1		
Sherman	Oakes, CA.			Self Employed	<u></u>	1		
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f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	l	k. Amount	
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336-471-3	•			c. Employer's Name/Sp Self Employed	pecific Field			
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f. Prior	g. Account Code	I to the second	 _	l		\$	96.80	
<u></u>		h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yyy		k. Amount	
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	only this Page			9 Marthan Wood by to		\$		290.40
	of ALL CRO-					\$		227.20
(This line)	must be on line 6 of D	Detailed Summary Page CR	O-1100)		- 4-11	.		387.20

Contributions from Individuals Amendment Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used Yes \boxtimes No 1. Committee Full Name (and Fund if applicable) 2. ID Number JoAnne Allen Committee For Mayor 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Teacher Ann Boyd 4720 merriweather Road c. Employer's Name/Specific Field Winston-Salem, NC 27107 WSFC School e. Election Sum to Date 96.80 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electronic 02/06/2020 \$ 96.80 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k Amount \$ \$ \$ 3. Contributor Information Add Remove . a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount

			\$
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			\$
4. Total only this Page			 06.00
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(This line must be on line 6 of Detailed Summary Page CRO-1100)		\$	387.20

Disbursen Use this form to committees and	nents o report expenditures I coordinated party e	from the commit	tee for; operating ex	Pg kpenses,	1 of contributions to	1 candida	Amendment Yes No ate/political
THE RESERVE TO A STREET OF THE PARTY OF THE	Full Name (and Fur		5/4 (MAN)		Her Hungson		2. ID Number
	Committee For Mayo						2. ID (valide)
3. Type of Disl			CRO-1310 forms for	r each i	type of Dishurse	ment)	
Operating	Expenses		ndidates/Political Comm				d Party Expenditures
4. Payee Inform	mation		Add		Remove		
a. Full Name, Mai	ling Address & Phone		b. Coordinated Com	mittee N	Control of the Contro	d. Co	mments
(include city, state							
Office Depot							
1235 Silas Cre	ek Parkway		c. Level Registered (Specify)			
Winston-Salen	n, NC 27127		Federal		County:	7	
			State		Municipality:	e. Ele	ction Sum to Date
						6 1	7.02
						\$ 1	7.93
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	ууу)	j. Amount	k. Red	quired Remarks
1	Debit Card	В	01/09/2020		\$17.93	Cam	paign Cards
					\$		
4. Payee Inform	nation		Add		Remove		
a. Full Name, Mai	ling Address & Phone		b. Coordinated Com	mittee N	ame	d. Co	mments
(include city, state	, & zip)						
Go Daddy							
14455 N. Hayd	len Rd.		c. Level Registered (S	Specify)			
Suite 226			Federal County:				
Scottsdale, AZ			State		Municipality:	e. Ele	ction Sum to Date
85260-6947						\$ 1	59.01
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	ууу)	j. Amount	k. Red	quired Remarks
1	Electronic	0	01/13/2020		\$9.99	Web	site
1	Electronic	0	02/13/2020		\$9.99	Web	site
4. Payee Inform	nation		Add		Remove		
	ing Address & Phone		b. Coordinated Com	mittee N		d. Con	mments
(include city, state							
			c. Level Registered (S	Specify)			
			Federal		County:		

	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	В	01/09/2020	\$17.93	Campaign Cards
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,	& zip)				
Go Daddy					
14455 N. Hayd	en Rd.		c. Level Registered (Specify)		
Suite 226			Federal	County:	
Scottsdale, AZ			State	Municipality:	e. Election Sum to Date
85260-6947					\$ 159.01
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Electronic	0	01/13/2020	\$9.99	Website
1	Electronic	0	02/13/2020	\$9.99	Website
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
			c. Level Registered (Specify) Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
		h. Purpose Code	1.2	1 . A	k. Required Remarks
f. Account Code	g. Form of Payment	•	i. Date (mm/dd/yyyy)	j. Amount	
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f. Account Code	g. Form of Payment		i. Date (mm/dd/yyyy)	1	
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Loan Proceeds Pg 1 of

	Amer	idment		
1		Yes	No	

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2.1	D Numb	er - 15 year year
JoAnne Allen Committee For Mayor	<u>run kar 196 i Oʻsey ergezi, redi</u>			The state of the s
3. Lender Information	Add	are the first the state of the		Remove
a. Full Name, Mailing Address & Phone	b. Job Title/Professi	ion	3 P = 40 3 P	d. Comments
(include city, state, & zip)	Dispute Resolut	- W - W - W		"d. Comments
Millicent JoAnne Allen		1011		
3035 Gaither Road	1			e. Start Date (mm/dd/yyyy)
Winston-Salem, NC 27101	c. Employer's Name	/Specific Field		
	Self Employed	<u> </u>		01/16/2020
			,	f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged				ALCONO NO. 1
g, Rate h. Security Pledged None	i. Account Code	j. Form of Paymen		k: Amount
0 % None	1	Draft		\$ 750.00
1. Full Name of Lending Institution		7 . 1 . g	m. Loan	Number
None		•		
4. Endorsers/Makers (The people who guarantee th	1 T T T T T T T T T T T T T T T T T T T	en i Marine en la companya de la co		
a. Full Name, Mailing Address & Phone	b. Job Title/Profe	ession	c. Emplo	yer's Name/Specific Field
(include city, state, & zip)	2			
		i		
	d. Percentage		e. Amour	
		%	\$	
a. Full Name, Mailing Address & Phone	b. Job Title/Profe	The section of the se	· · · · · · · · · · · · · · · · · · ·	yer's Name/Specific Field
(include city, state, & zip)	D. JOD MIEALINE	221011	c. Emplo	yer's Name/Specific Field
(include city, state, se zip)				
	d. Percentage		е. Атош	1\$
		%	\$	
		/0	9	
a. Full Name, Mailing Address & Phone	b. Job Title/Profe	ssion - ,	c. Emplo	yer's Name/Specific Field
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		in a straight of the	. @ *Cil	
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(This line must be on line 9 of Detailed Summary Page CRO-1100	grandina di salah sa	gray to the formula to	(v 2	



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

<u> </u>							
• Name of committee to receive loan: John	Anne Allen Committee For Mayor						
Person or committee to make loan: JoAnne Allen							
Date of loan to committee: 01/16/2020							
Name of lending institution and account	number (source):						
Amount of loan: 750.00							
Description (if in-kind loan):							
Names of all parties responsible for payment of loan (guarantors):							
Period of loan: None							
Rate of interest of loan: 0							
Security pledged for loan: None							
_{l,} JoAnne Allen	_, acknowledge that all of the information						
(Person lending money to committee) provided is complete, true, and accurate. I fu that has an outstanding balance to any source							
Soline alle	9/9/2020						
Signature of Lender	Date Signed						
& Clare Cll	9/9/2020						
Signature of Treasurer of Committee	Date Signed						
CRO-6100 Loan Proceeds	Statement						

.					Amend	lment		
Outstanding Loans	Pg	1	of	1	\Box	Yes		No
** 4. 6				_			~	

Add Remove Add Add Remove Add A					nd until the loan is paid in full.
3. Lender Information	1. Committee Full Name (and Fund if applicable)			2. ID Number	
A. Full Name of Leading Institution Real Name of Leading Institution Rea	Joanne Allen Commi	ftee For Mayor			
A. Full Name of Leading Institution Real Name of Leading Institution Rea	3. Lender Informatio		Δdd.	Pemove	
Dispute resolution	·	A CONTRACTOR OF THE CONTRACTOR			d Comments
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