Disclosure Repor	t Cover				Amendment	
Use this form for general	report and committee:	information, must be	e signed and su	 hmitted along with o	∐ Yes other detailed forms	No No
Do not use this form to up	date information	,	o bigiiou una sa	onnaca along with o	other detailed forms).
1. Committee Information	The state of the s					
a: Full Name	4 34 34 5	and the second	是不信仰到五言		c. ID Number	Nord de la
APPLE FOR ALDERMA	AN			_		
b. Mailing Address (include Ci	ty, State and Zip Code)				d. Date Filed	
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KERNERSVILLE, NC. 2	27284					0/2021
		ч			e. Phone Number	
					(336) 89	94-4578
2. Report-Years 3. Pe	riod Start Date (mm/c	4. Period	End Date	STreasurer/Ful		
		(mm/dd/yy)		WILLIS WADE	THE RESERVE OF LABOR.	- Andrews
2021	01/01/2021			WILLIS WADE	ALLE	
6: Type of Committee (C	heck One)	9. Type of Repor	t 🦂 🦟 (check ör	nly one type of repor	t from one categor	y i L a rgada
Candidate Campaign	Party	Municipal	State/C	County	Referendum	
PAC Independent	Referendum	Organizationa	ı1 📗	Organizational	Organization	ıal
Expenditure	Joint Fundraiser	Thirty-five da	у	Quarterly	Pre-referend	um
Legal Expense Fund 7. Type of Fund						
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83 Number of Fundraiser	sithis Report	Special Special		Final	-	
	State of the state			Special	<u></u>	
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	d. Period Begin Balance		 		d. Period Begin I	Jalance - 😥 👢
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CERTIFICATION						4305425
I certify that the Committe	e or Fund is in compli	ance with all applica	able provisions	of Article 22A, 22B.	. & 22D-22M of Cl	hapter 163 of
the NC General Statutes an	id that no funds are co	mmingled with prob	nibited or other	non-disclosed funds.	I further certify th	at this report
is complete, true and corre	ct and that I have been	trained by the NC S	State Board of J	Elections		_
WILLIS WADE A	APPLE ted Name of Signer		ignature of Appoin		09/30/2021	
FOR OFFICE USE ONLY			ignature of Appoin	Teasurer	Date	er allanda ilayan
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Please Note: This form	cannot be used to ame custodia	end committee infor n of books informat	mation such as ion, or account	the committee addre	ess, treasurer, assis	tant treasurer,

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Disc this form to summarize all disclosure reporting froms and to total monetary information No.	Detailed Summary	Amendment		
APPELE POR ALDERMAN	Use this form to summarize all disclosure reporting forms and	I to total monetary	information.	Yes No
Start of Election Cycle: January 1,	115 Committee Full Name (and Fund if applicable)	h Eypelofi Report		38ID)Number
A Cash on Hand at Start	APPLE FOR ALDERMAN	ORGANIZATION		
A Cash on Hand at Start	Start of Election Cycle: January 1,	2021		
Sample S	4) Cash on Hand at Start			
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la Full Name, Mailing Address & Phone (Include city, state, & zip) DAVID P. CALHOUN 1640 TREDEGAR ROAD KERNERSVILLE, NC. 27284			b/Job Title/Profession MAGICIAN c/ Employer's Name/Sp	ecific Field	d. Comment	S		
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List his form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used	Contr	ibutions fro	m Individuals		Pg	of		Amendm	
APPLE FOR ALDERMAN	Use this	form to report ind	ividual contributions o	ver \$50	or contributions unde	r \$50 if form CR	O 1205 is no	ot used	
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### SEINT CREEK TRAIL KERNERSVILLE, NC. 27284 ###################################					NO JOB TITLE				
RETIRED					c. Employer's Name/Spe	cific Field			
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Amendment