Amendment

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 Information		N. Vig., III., as W. D. II. o	and the company was	
a. Full Name		A 3	Li i ti	c. ID Number
JOHNSTANLEY 4	LIBERTY	4		
b. Mailing Address (include City, Stat	e and Zip Code			d. Date Filed
BILL MI CLUME 197 SONATA DR				9/28/2021
LEWISVILLE, NL.	27023			e. Phone Number
				336 462 0549
2. Report Year 3. Period Start		Lyy) 4. Period F	End Date (nm/dd/yy)	5. Treasurer Full Name
2021 7/2/2	021	9/2	1/2021	WILLIAMOMCGVINE
6. Type of Committee (Check C	ne)	9. Type of Rep	ort (check only one	type of report from one category)
Candidate Campaign Part	=:	Municipal	State/County	Referendum
2001/294	rendum	Organizationa		ional Organizational
	t Fundraiser	Thirty-five da	y Quarterly	Pre-referendum
Legal Expense Fund		Pre-primary	First	Final
		Pre-clection	Seco	
7. Type of Fund (if applicable,	check one)	Pre-runoff	Thire	
Booster Fund		Semi-annual	L Four	
Building Fund		Mid Yea	Albertaer Frankrik	
		Year End		201 Special Attended
Other:	D 4	Final Final	Year	End
8. Number of Fundraisers this	Keport	Special Special	Final	
l			☐ Special	
11. Account Information	- UN - 15		11. Account Inform	nation
a. Financial Institution Full Name		10.000	a. Financial Institution	Full Name
BB+T/TRUIST				
b. Purpose	c. Account Co	de	b. Purpose	c. Account Code
	LPJSS	52514		· ·
	d. Period Beg	in Balance		d. Period Begin Balance
	\$ (1)			\$
CERTIFICATION)			- 5:
I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct WHIAMS WCL Printed Name of Sign	nt no funds are t and that I ha	commingled with ve been trained by	prohibited or other no	ticle 22A, 22B & 22D-22M of Chapter 163 n-disclosed funds. I further certify that this Elections. $\frac{9}{38} \frac{3031}{3031}$
FOR OFFICE USE ONLY		-	. /	
Date Received:	28/21	Employ	yee:	Delivery Method Normal Mail
Date Postmarked:	homeland	<u>Employ</u>	yee:	Registered Mail Hand Delivered
Date Scanned:		_ Employ	yee:	Electronically Filed
Date Data Entered:		_ Employ	/ee:	Signer has not received mandatory training
assistant	treasurer, cu	istodian of books	s information, or acco	
You must amend	the Statemen	it of Organization	n (CRO-2100A-F) to	make committee changes.



Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a). This Designation is filed at the Board of Elections office where the committee's campaign reports are filed. Candidate Name: JOHN STAFORD STANLEY Committee Name: JOHN STANLEY 4 LIBERTY Treasurer Name: WILLIAMO, MCGUNE If Candidate is own treasurer, designate an agent to carry out designations: Committee ID #: [State] [County] If county, specify: Fonsyth Level Registered: hereby direct that in the event of my death or incapacity all (Name of Candidate) funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a). Plan for Disbursement (eg. Amount or %) Name of Entity (Select from §163-278.16B(a)) 1 LIBERTARIAN PARTY OF FORSYTH CONTY 1000% By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records. Signature of Candidate: Date:

Ø 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 JohnStanley4Liberty 35-Day Report Total this Total this Start of Election Cycle: January 1, 2021Reporting Period Election Cycle 4) Cash on Hand at Start 8 0.00 \$ 0.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 490.00 \$ 490.00 Contributions from Individuals (CRO-1210) 5 1300.00 \$ 1300.00 **Contributions from Political Party Committees** 5 (CRO-1220) \$ Contributions from Other Political Committees (CRO-1230) 8 \$ Loan Proceeds (CRO-1410) \$ \$ 10) Refunds/Reimbursements To the Committee (CRO-1240) \$ S 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 8 \$ 11b) Contributions from Not-for-Profit Organizations (CRO-1250) 5 \$ 11c) Outside Sources of Income (CRO-1250) \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ 11 e) Exempt Purchase Price Sales (CRO-1265) \$ \$ TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 1790.00 \$ 1790.00 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 115.23 \$ 115.23 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ 14) Aggregated Non-Media Expenditures (CRO-1315) 8 15) Loan Repayments (CRO-1420) 8 \$ Refunds/Reimbursements From the Committee (CRO-1320) S \$ 17) In-Kind Contributions (CRO-1510) 5 \$ TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) S 115.23 8 115.23 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) \$ 1674.77 \$ 1674.77 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 22) Debts and Obligations owed By the Committee (CRO-1610) 23) Debts and Obligations owed To the Committee (CRO-1620) Account Transfers Within the Committee 24) (CRO-1720) Administrative Support 25) (CRO-1710) \$ Forgiven Loans (CRO-1440) \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded \$ \$ (CRO-1215)

Aggregated Contributions from Individuals

Page

of

Amendment
Yes

1

No

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

	ommittee Full N	2. ID Number						
Johr	ıStanley4Liberty	,						
3 C	ontributor Info	rmation						
а. Ап		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount	
	Add	LPJSS52514	e-transfer		7/10/20		\$ 10.00	
H	Remove Add							_
	Remove	LPJSS52514	e-transfer		7/12/20)21	\$ 50.00	
	Add	LPJSS52514	e-transfer		8/2/20	21	\$ 25.00	
井	Remove				0,2,20		23.00	
H	Add Remove	LPJSS52514	e-transfer		8/9/20	21	\$ 20.00	
Ħ	Add		_					_
	Remove	LPJSS52514	e-transfer		7/17/20	21	\$ 50.00	
	Add	I DICCESSIA	Cook		0/14/20	10.1	6 40.00	
	Remove	LPJSS52514	Cash		8/14/20)21	\$ 40.00	
	Add	LPJSS52514	e-transfer		7/22/20	121	\$ 10.00	
	Remove	LF33332314	e-transfer		1122120	121	\$ 10.00	
	Add	LPJSS52514	e-transfer		7/26/20	121	\$ 50.00	
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	Remove	LF33332314	e-transfer		7/26/20	121	\$ 10.00	
	Add	LPJSS52514	e-transfer		7/26/20	21	\$ 50.00	
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H	Remove	LPJSS52514	e-transfer		7/26/20	21	\$ 25.00	
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	Add	LPJSS52514	e-transfer		8/11/20	12.1	\$ 20.00	
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		CRO-1205 Pag				\$	490.00	
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JohnStar	ley4Liberty							
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Denise P	city, state, & zip)			Courier				
	arker oper Road			c. Employer's Name/S	Specific Field	+		
	, NC 28147			Self employed	specific ricia			
,						e. Electio	n Sum to Date	
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	LPJSS52514	e-transfer			8/15/2	021	\$	50.00
							\$	
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	city, state, & zip)			unemployed				
Ralph La						1		
3 Charles	ston sq oro, NC 27408			c. Employer's Name/S unemployed	Specific Field	-		
OTCCIBBO	70, NC 27-700			unemployed		e. Electio	n Sum to Date	
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	ibuter Informatio				emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comm	ents	
Carlos Carlos Carlos	city, state, & zip)			unemployed				
Ralph La 3 Charles				c. Employer's Name/S	inecific Field	-		
	oro, NC 27408			unemployed	petine Field	1		
						e. Election	n Sum to Date	
						\$	250.00	
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	LPJSS52514	e-transfer			8/17/20)21	\$	
	LPJSS52514	e-transfer			8/18/2	021	\$	
							\$	

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

NC State Board of Elections

April 2007

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350.00

1300.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

Contributions from Individuals

No

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

1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber	
JohnStan	iley4Liberty							
3. Contr	ibutor Informati	on		Add Ren	move			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	nts	
	city, state, & zip)			Physician				
Steven F	eldman ster Road			F 1 I N 10	70 VV 11	-		
	sier Road -Salem, NC 27104	I		c. Employer's Name/Sp Wake Forest School		-		
** U(3(O))	-Satem, 14C 27104	,		Wake Tolest School	of of wedlette	e. Election	Sum to Date	
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						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	(Ind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	LPJSS52514	e-transfer			7/26/2	021	\$	50.00
	LPJSS52514	e-transfer			7/27/2	2021	\$	50.00
							\$	
3. Contr	ibutor Informati	on		Add Rei	nove	THE STATE OF		
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ıts	
	city, state, & zip)			unemployed				
Barbara I								
	Hill Drive			c. Employer's Name/Sp	ecific Field	-		
Oxford, NC 27565				unemployed	e. Election Sum to Date			
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	LPJSS52514	e-transfer			8/4/20)21	\$	50.00
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3. Contri	ibutor Informatio	ON .		Add Ren	nove	Signal Charles		
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	its	
	city, state, & zip)			Professor				
Michael I	_				16 FV 11	-		
	ishveld Ln NC 27613			c. Employer's Name/Sp Duke University	ecific Field	-		
Raicigii,	NC 27013			Duke Oniversity		e. Election	Sum to Date	
						S	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	L	k. Amount	
	LPJSS51514	e-transfer			8/8/20	21	s	50.00
	LPJSS52514	e-transfer			8/9/20	021	\$	50.00
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Contributions from Individuals

			Amendment							
Pg	_3	of	5_		Yes	\boxtimes	No			
ınder	\$50 if	form CRO	1205 is a	not used						

Use this	form to report ind	ividual contributions o	over \$50	or contrib	butions unde	er \$50 if form CR	O 1205 is r	not used	_		
1. Com	nittee Full Name	(and Fund if applica	ble)				2. ID Nu	mber			
JohnStar	iley4Liberty										
3. Contr	ibutor Informati	on		Add	Ren	nove					
a. Full Na	me, Mailing Address	& Phone		b. Job Tit	tle/Profession		d. Comme	nts			
	city, state, & zip)			Cooper							
Jonathan	Hopper .t.hopper@gmail.c			a Employ	vorte Name/Cr	if- Pold	-				
Kernersy		COIN		Barrel I	yer's Name/Sp Factory	ecine Fleid	1				
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	LPJSS52514	e-transfer				7/7/20	121	\$	50.00		
	LPJSS52514	Cash				8/14/2	.021	s	50.00		
	LPJSS52514	Cash				8/15/2	2021	\$	50.00		
	ibutor Informati			Add	Ren	nove					
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	city, state, & zip) McGuire			Solution	n Architect						
Lewisvil				c. Employ	yer's Name/Sp	ecific Field					
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	ne, Mailing Address	& Phone			te/Profession		d. Comme	nts			
Randy Po	city, state, & zip)			Physicia	an						
	gemere Lane			c. Employ	er's Name/Sp	ecific Field	-				
	Salem, NC 27106					ssociates of	1				
				the Pie	dmont		e. Election	Sum to Date			
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				Maria de la compansa del compansa de la compansa del compansa de la compansa de l							

Amendment

Contributions from Individuals No Pg oΓ 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 JohnStanley4Liberty 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Operations Director Chris Smith Kernersville, NC c. Employer's Name/Specific Field christopheruther7@gmail.com Janiking e. Election Sum to Date 100.00 j. Date (mm/dd/yyyy) f. Prior b. Form of Payment i. In-Kind Description k. Amount g. Account Code 8 LPJSS52514 e-transfer 8/14/2021 50.00 LPISS52514 e-transfer 8/15/2021 \$ 50.00 8 Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) unemployed Dorothy Watson c. Employer's Name/Specific Field 301 Livingstone Dr Cary, NC 27513 unemployed e. Election Sum to Date \$ 110.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount S 7/27/2021 50.00 LPJSS52514 e-transfer 8/14/2021 S 10.00 LPJSS52514 cash 8/15/2021 S 50.00 LPJSS52514 cash 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Tracy White c. Employer's Name/Specific Field 252 Rockford Road whatever comes my way Kernersville, NC 27284 e. Election Sum to Date \$ 50.00 j. Date (mm/dd/yyyy) k. Amount b. Form of Payment i. In-Kind Description f. Prior g. Account Code \$ 25.00 LPJSS52514 e-transfer 7/17/2021 \$ 25.00 7/26/2021 LPJSS52514 e-transfer \$

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

NC State Board of Elections

1300.00 April 2007

260.00

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Contributions from Individuals	Pg	5	of	5_		Yes 🛛	

		m Individuals lividual contributions	over \$5		eder \$50 if form (of5	Amenome Ye		
		(and Fund if applica		e or controllions to	ider \$50 ii ioiiii (Number	V. A. H. J. 1911	
JohnSta	nley4Liberty								
3. Cont	ributor Informati	on		Add R	emove				
ACCOUNT OF THE PARTY OF	me, Mailing Address	DATE OF THE RESIDENCE		b. Job Title/Profession	N. P.	d. Com	nents		
	e city, state, & zip)			Manufacturing te	W170				
Susan H	ogarth								
5901 Pe				c. Employer's Name/	Specific Field				
Raleigh,	NC			Duke University					
						e. Election	on Sum to Date		
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f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/de	/yyyy)	k. Amount	k. Amount	
	LPJSS52514	etransfer			7/17	/2021	\$	50.00	
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							\$		
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				Amer	dment	
Disbursements	Pg	1	of <u>1</u>		Yes	\boxtimes

Nο

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

	coordinated party ex	<u> </u>			
1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number
JohnStanley4Li					
3. Type of Disb		ise use separate C	CRO-1310 forms for each t	ype of Disbursen	nent)
Operating E	expenses	Contributions to Ca	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Staples.com					
			c. Level Registered (Specify)		
			Federal	County:	
			State 🖂	Municipality.	e. Election Sum to Date
					\$ 44.92
					3 44.92
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
LPJSS52514	e-transfer	В	8/26/2021	\$44.92	Cards, banners
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	-				
Paypal.com					
			c. Level Registered (Specify)		7
			Federal	County:	7
			State 🛇	Municipality:	e. Election Sum to Date
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					\$ 33.73
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
LPJSS52514	e-transfer	0	9/21/2021	\$33.73	Fees to PayPal
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Donorbox.org					
			c. Level Registered (Specify)		
			Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
				<u> </u>	\$ 36.58
	B 48	h Duman Cada			
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LPJSS52514	e-transfer	0	9/21/2021	\$36.58	Fees to
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				\$	
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	line 13a of Detailed Sum	mary Page CRO-110	0 if Operating Expenses)		
			0 if Contrib to Candidates/Polític	al Comm)	\$ 115.23
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	0 if Coordinated Party Expenditu	res)	
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund			ner Candidate
E - Salaries I - Postage	F* - Equipment J - Penaltics	G - Politic	cal Party ce Expenses		g Public Office Expenses on to Legal Expense Fund
O* - Other	a - renames	W OBIO	е сареняем	Ö no⊔atie	on to refai exhense cono
	e detailed explanati	on in required re	emarks field (k)		