| 1. Committee Information | mormation. | | | | | | _ | | |
|---|---|-----------------|-------------|----------------|----------------|--|----------|--|--|
| a. Full Name | TO ALL N. | | | | | | | | |
| | c. ID Number | | | | | | | | |
| b. Mailing Address (include City, Sta | HCQ 9XX | _ | | | | | | | |
| 11159 Tacks | o i o o o | | | | | | | | |
| Winsten - Spiler | | 7-29-22 | | | | | | | |
| 100:112161 - 2011G | | e. Phone Number | - | | | | | | |
| 2. Report Year 3. Period Start | 5. Treasure | 3364147306 | _ | | | | | | |
| 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2022 1-1-2022 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name | | | | | | | | | |
| 6. Type of Committee (Check (| | vne of Ren | ort (che | ck only one | type of reno | terappare Bant from the category) | Mh) | | |
| Candidate Campaign Part | | nicipal | Is | State/County | | Referendum | - | | |
| | Towns at the same of the same | Organizationa | | Organizat | | Organizational | - | | |
| Independent Expenditure Join | | Thirty-five da | 11.7 | Quarterly | | Pre-referendum | - 1 | | |
| Legal Expense Fund | | Pre-primary | ´ r | First | | Final | - 1 | | |
| | 后 | | li li | X X Seco | | Supplemental Final | | | |
| 7. Type of Fund (if applicable, | check one) | Pre-runoff | li | Third | | Annual | - 1 | | |
| Booster Fund | | Semi-annual | li li | Four | - 1 | Special | - 1 | | |
| Building Fund | | Mid Yea | . [| Semi-anni | | Special | - 1 | | |
| | 片 | Year End | 1 | | | 10 C-+1D-+1V | _ | | |
| Other: | IH | Final | ' | Mid ' | | 10. Special Report Nam | ie | | |
| 8. Number of Fundraisers this | | Special | | Year | End | | - 1 | | |
| transcr or runar asers this | Keport | Special | | Final | | | - 1 | | |
| | | | L | Special | | | _ | | |
| 11. Account Information | | | 11. Acco | unt Inform | ation | 64 (40) | | | |
| a. Financial Institution Full Name | | | a. Financia | al Institution | Full Name | 3 0 | 10 | | |
| Wells Forop | | | | | | | | | |
| b. Purpose | c. Account Code | | b. Purpose | | | c. Account Code | -5 | | |
| Campaign Expenditures on | APB | | | | | d | | | |
| Expenditures on | d. Period Begin Balance | | | | ļ | d. Period Begin Balance | 311 | | |
| Old Account | \$ 530.17 | | | | | \$ 19 | -1 | | |
| CERTIFICATION | | | | - | | | \dashv | | |
| 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 | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | |
| Date Received: | | Employ | ee: | | | very Method Normal Mail | | | |
| Date Postmarked: | Employee: | | | | | Registered Mail Hand Delivered | - | | |
| Date Scanned: | | Employee: | | | | Electronically Filed | | | |
| Date Data Entered: | | Employ | ee: | | | Signer has not received mandatory training | | | |
| Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, | | | | | | | 7 | | |
| | nnot be used to an | nena commi | tice intol | mation suci | r as the comm. | muce address, treasurer. | | | |
| assistant You must amend t | treasurer, custodi | an of books | informati | ion, or acco | unt informati | ion. | | | |

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

| | L 163 L 110 |
|------------------------------|--|
| | 3. ID Number |
| d was | |
| | HCQ9XX |
| Total this Reporting Period | Total this Election Cycle |
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| Use this form | | • | | | rg 0 | I resro | | | |
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| OSE this form i | o report expenditures | from the comm | ittee for | operating e | xpenses, contribu | itions to candidate/political | | | |
| commutees and | d coordinated party e Full Name (and Fur | xpenditures | | | | 2. ID Number | | | |
| Andrea P | ace Bramer! | for forsuth | Cen | 41 5 hoo | Board | HCQ9XX | | | |
| 5. Type of Dis | oursement (Pleas | e use separate C | RO-131 | O forms for | each type of Dis | chursement | | | |
| ✓ Operating Ex | The state of the s | ntributions to Candi | dates/Poli | tical Committe | | coordinated Party Expenditures | | | |
| 4. Payee Infor | | | | Add | Remove | Oldinated Party Experientures | | | |
| | Mailing Address & Pl | none | | | ited Committee Nan | ne d. Comments | | | |
| (include city, state | | | | | Wil Commission 1 am | u. Comments | | | |
| | ddy. Com | 110 | | | | 1 | | | |
| 9000 | · c). 11 | | | c. Level Reg | gistered (Specify) | | | | |
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| | <u> </u> | | | | \$ | | | | |
| 4. Payee Inform | | | | Add 🔲 | Remove | | | | |
| | ling Address & Phone | | | b. Coordina | ted Committee Nam | d. Comments | | | |
| (include city, sta | | | | | | | | | |
| Wells | Faran | | | | | | | | |
| 1100 0 | nontgome vancisus, c | - 1 | | APRIL 1 | . Level Registered (Specify) | | | | |
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| 4. Payee Inform | nation | | | Add | ACA | | | | |
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| (include city, stat | | | | b. Coordinat | ed Committee Name | 200 | | | |
| | | | | | | 50 FG | | | |
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Winston Sollen , NC 27127

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