### **Disclosure Report Cover**

Amendment

☐ Yes 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 a. Full Name c. ID Number COMMITTEE TO ELECT TREVONIA BROWN-GAITHER STA-000000-C-001 b. Mailing Address (include City, State and Zip Code) d. Date Filed 1031 RICH AVENUE WINSTON SALEM, NC 27101 07/11/2022 e. Phone Number 336-749-0394 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2022 05/01/2022 JACQUELINE HALE 06/30/2022 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign Party Municipal State/County Referendum ☐ Joint Fundraiser ☐ PAC Organizational Organizational Organizational Referendum Legal Expense Fund П Thirty-five day Quarterly Pre-referendum 7. Type of Fund (if applicable, check one) Pre-primary First ☐ Final "Booster Fund" Pre-election Second Supplemental Final Building Fund Pre-runoff Third Annual Presidential Election Year Candidates Fund Semi-annual Fourth Special NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report Special Final Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name FIRST CITIZENS BANK b. Purpose c. Account Code b. Purpose c. Account Code FOR RECEIPTS AND 1977 EXPENSES d. Period Begin Balance d. Period Begin Balance \$ 4385.61 \$ CERTIFICATION 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 07/11/2022 Printed Name of Signe Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Delivery Method Employee: ☐ Normal Mail Date Postmarked: Registered Mail Employee: ☐ Hand Delivered Date Scanned: ☐ Electronically Filed Employee: Date Data Entered: ☐ Signer has not received Employee: mandatory training 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.

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment
☐ Yes 🏿 No

1. Committee Full Name (and Fund if applicable)			To 11	
COMMITTEE TO ELECT TREVONIA	2. Type of Re 2022 Secon		+	Number ΓA-000000-C-001
BROWN-GAITHER	2022 Secon	u Quarter	5.	1A-000000-C-001
Start of Election Cycle: January 1,		Total this Reporting Peri	nd	Total this Election Cycle
4) Cash on Hand at Start		\$ 4,385.	$\rightarrow$	\$ 0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.	00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,215.	00	\$ 14,330.10
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.	00	\$ 0.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	00	\$ 0.00
11) Other Receipt Sources				1 C 1 C 1 WILL B
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.	00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.0	00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.	00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	00 :	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	00 :	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	,11d and 11e)	\$ 1,215.0	00 3	\$ 14,330.10
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 2,160.5	55 5	7,301.57
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.0	00 5	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	00 5	0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 86.3	0 5	86.30
5) Loan Repayments	(CRO-1420)	\$ 0.0	00 5	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 1,294.3	7 9	2,588.74
7) In-Kind Contributions	(CRO-1510)	\$ 0.0	0 \$	2,294.10
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ 3,541.2	2 \$	12,270.71
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 2,059.3	9 \$	2,059.39
ADDITIONAL INFORMATION				
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0		ALL F. 1985
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1,294.3	-	
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	0	
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	0	
4) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	0	13.00
5) Administrative Support	(CRO-1710)	\$ 0.0	0 \$	0.00
6) Forgiven Loans	(CRO-1440)	\$ 0.0	0 \$	0.00
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0	-	
8) Contributions to be Refunded CRO-1100 NC State Board	(CRO-1215)	\$ 0.0	0 \$	
NU State Board	of Elections			August 2008

# **Contributions from Individuals**

				Am	endm	ent	
Pg	1	of	4		Yes	X	No

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

1 Com	mittee Dill News	e (and Fund if applical		onalog	tions u	inder \$50 it form CRO	-		
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	tributor Informat			Add	□ R	emove	L.	V 12 I	
	Name, Mailing Ad			b. Job	Title/P	rofession	d.	Comments	
	ude city, state, & :	zip)		EDUC	CATO	₹			
	RAH BROOKS						1		
	DRUMCLIFF RE					Name/Specific Field	-		
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(330)	103-0721						e. 1	Mection Su	m to Date
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	ide city, state, & z	ар)		RETIE	ED PI	ROFESSOR			
	ARD FOY IRST FLIGHT C	TDCLE		e Emn	lovario	Name/Specific Field	-		
	/ILLE, IN 46077			C. Lanp.	loyer s	Mame opecine rieiu	1		
							e. E	lection Sur	n to Date
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		h. Form of Payment	i. In-Kind Desc	ription		j. Date (mm/dd/yyyy)		k. Amount	
	1977	Check				05/08/2022		\$	100.00
								\$	
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4. Total only this Page						\$		500.00	
	Total of ALL CRO-1210 Pages This line must be on line 6 of Detailed Summary Page CRO-1100)								1,215.00
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		rom Individual			eg 2 of 4		Amendmen Yes	No No
Use th	is form to report i	ndividual contribution	is over \$50 or c	ontributions	under \$50 if form CRO	120:	5 is not used	
		and Fund if applical				2.	ID Number	
COM	MITTEE TO EL	ECT TREVONIA BR	OWN-GAITH	ER			STA-00000	0-C-001
	tributor Informat			Add 🗆 F	Remove			
	Name, Mailing Ad			b. Job Title/	Profession	d.	Comments	
-	ude city, state, & 2			RETIRED	EDUCATOR			
	RICE JOHNSON			P 1	N	1		
	BETHABARA H TON-SALEM, N			c. Employer	s Name/Specific Field	-		
	815-8417	C 2/106				0 1	Dection Sum	to Data
(330)	015 0417						Dection Sum	to Date
						\$		100.00
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	tributor Informati			Add $\square$ R	emove	13 1		8. 8-11
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(incl	ude city, state, & z	ip)		RETIRED E	DUCATOR			
BILLI	E MATTHEWS							
	NEW WALKERT			c. Employer's	Name/Specific Field			
	TON-SALEM, N	C 27105						
(336)	722-7596					e. I	dection Sum	to Date
						\$		100.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	ion j. Date (mm/dd/yyyy)		k. Amount	
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							\$	
	ributor Informati			Add R	emove			
	Name, Mailing Ado			b. Job Title/P		d. C	Comments	
(incl	ide city, state, & z	ip)		RETIRED E	DUCATOR			
	Y MURRILL							
	IARPERS FERRY			c. Employer's	Name/Specific Field			
	ΓON-SALEM, NO	C 27106				_		
(330) /	67-4975					e. E	lection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1977	Check			05/10/2022		\$	100.00
							\$	
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5. Total of ALL CRO-1210 Pages

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

1,215.00

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## **Contributions from Individuals**

Pg 3 of 4 Amendment No

Use th	is form to report	individual contribution	s over \$50 or co	ontribu	tions	under \$50 if form CRO	120	5 is not a	s M No
1. Con	unittee Full Nam	e (and Fund if applicat	le)			and poor form CRO	-	ID Num	
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	tributor Informa Name, Mailing A					Remove			
	ude city, state, &					Profession	d.	Commer	nts
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(330) /	23-7002						e. E	Jection 5	Sum to Date
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	d of ALL CRO						¢		1 215 00
(This li	ine must be on line	6 of Detailed Summary Pa	ige CRO-1100)				\$		1,215.00

Contributions	from	Individuals
		AHMITIMEN

Pg 4 of 4 Amendment Yes No

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 COMMITTEE TO ELECT TREVONIA BROWN-GAITHER STA-000000-C-001 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED PHYSICIAN **ELEANOR STEWART** 4410 NATAHALA DRIVE c. Employer's Name/Specific Field CLINTON, MD 20735 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1977 06/09/2022 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) POLITICIAN **EVELYN TERRY** 1224 REYNOLDS FOREST DRIVE c. Employer's Name/Specific Field WINSTON-SALEM, NC 27107 NC e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1977 05/16/2022 \$ 100.00 \$ \$ 4. Total only this Page 200.00 \$

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

CRO-1210

NC State Bo

5. Total of ALL CRO-1210 Pages

NC State Board of Elections

1,215.00 April 2007

\$

	Dis	bur	sen	nents
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				Amendment						
Pg	_1_	of	3		Yes	N.	No			

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	if applicable)	1						2. ID N	rmbs n
	TO ELECT TREV		GAITH	IER						-000000-C-001
3. Type of Disb	The state of the s	use separate CR	0-1310	forms f	or eac	ch type	of Disbu	ırsem	ent.)	
Operating Ex	penses	tributions to Candida	tes/Poli	tical Com	mittee	S				expenditures
4. Payee Inform	nation			Add		Remo	ve			
a. Full Name, M	ailing Address & Pl	ione			-dinate		mittee N	ame	d. Comn	1ents
(include city, sta	ite, & zip)									10110
GOIN' POSTA	L WINSTON SALE	EM		1						
	OOLD VILLAGE I			c. Level	Regis	stered (S	Specify)		1	
	LEM, NC 27106			Fed			County	:	1	
				☐ Stat	e		Municip	oality:	e. Election	on Sum to Date
									\$	569.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd	/уууу)	j. Amo	unt	k. Re	quired Re	marks
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	ailing Address & Ph	one		b. Coor	dinate	d Com	ittee Na	am e	d. Com m	ents
(include city, sta										
	WINSTON-SALE									
	OOD VILLAGE DR	UVE		c. Level		tered (S				
	LEM, NC 27106			Fede			County:			
(336) 499-2660				☐ State	•		Municip	ality:	e. Electio	n Sum to Date
									\$	350.96
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/	уууу)	j. Amo	unt	k. Re	quired Re	marks
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4. Payee Informs						Remov				
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	OOD VILLAGE DR	IVE		c. Level						
(336) 499-2660	EM, NC 27106		- 1	State			County:	.10		
(330) 499-2000			ŀ	State			Municipa	anty:	e. Election	Sum to Date
									\$	104.32
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m /dd/	vvvv)	i. Am ou	nt T	k. Red	uired Re	narks
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						\$		CAR	D3/DE31	UN
5. Total only this	Page								\$	726.79
5. Total of ALL C	RO-1310 Pages									
(This line goes in	line 13a of Detailed S	ummary Page CRO-	1100 if C	Operating	Expen	ses)				
(This line goes in	line 13b of Detailed St	ummary Page CRO-	1100 if C	Contrib to	Candi	dates/Po	litical Co	mm)	\$	2,160.55
(This line goes in	line 13c of Detailed Si	ummary Page CRO-1	100 if C	Coordinate	ed Pan	ty Expen	ditures)	,		
. Purpose Co	des (List detailed	expenditure code i	n (h.) a	bove)	YEAR					
* - Media	B* - Printing	g (	C* - Fu	ndraisir	ıg	7	<b>D</b> - To A	noth	er Candid	ate
E - Salaries	F* - Equipme			tical Part	_					fice Expenses
- Postage	J - Penalties			fice Exp						Expense Fund
)* Other	T . The T			-						-France Saud
Codes require	detailed explanation	in required rems	irks fie	eld (k)			PEL	15,	BOAR WE	No arrear

Dis	burse	ements
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				Amendm	ent
Pg	2_	of	3	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	if applicable)		DV TO U					2. ID No	awaha u
	TO ELECT TREV		GAITH	IER						-000000-C-001
3 Temp of Diale	/Diago		0 1011							
3. Type of Disb	penses Cont	use separate CR ributions to Candida	J-1310	forms f	or eac	h type o				
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(include city, sta		Olic		D. C 001	unate	d Com	nittee N	ame	d. Comn	nents
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1228 DUBLIN				c Lavel	Darrie	tered (S	'manifu'		-	
	LEM, NC 27105			Fede		stered (S	County		1	
WINDTON	GEN, NC 2/103			Stat		H	-		o Electiv	on Sum to Date
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						\$				
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(include city, sta									u. comm	CHES
SAM'S CLUB										
284 SUMMIT S	QUARE BLVD			c. Level	Regist	tered (S	pe cify)			
	LEM, NC 27105			Fede			County:			
(336) 377-2820	-			☐ State	•		Municip	ality:	e. Electio	n Sum to Date
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f. Account Code	g. Form of Payment	h. Purnose Code	i Data	(m m /dd/	himina)	ł Amau	-4	h D.		115.63
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	iling Address & Pho	ne		b. Coord	linated	Comm	ittee Na	me	d. Comm	ents
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	F WINSTON SALE	M								
1011 BURKE ST				c. Level		ered (Sp	e cify)			
WINSTON SAL	EM, NC 27101			☐ Feder		_	County:			
				☐ State			Municipa	ality:	e. Election	Sum to Date
									\$	270.92
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					- 1	\$				
5. Total only this	9						TO VE		\$	1,226.55
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(This line goes in	line 13b of Detailed Su line 13c of Detailed Su	mmary Page CRO-1	100 if (	Contrib to	Candid	lates/Pol	itical Co	mm)	\$	2,160.55
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* - Media	B* - Printing		-				- CD 1			
E - Salaries	F* - Equipmen			ndraisin	_				r Candid	
- Postage	J - Penalties			tical Part						ffice Expenses
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	detailed explanation	in required rama	rke fie	Id (Id)	10-12-12-12	100				
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Disbursements	
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				Amendment				
Pg	3	$\mathbf{of}$	3	☐ Yes	X No			

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund					2. ID Nu	mher
COMMITTEE	TO ELECT TREV	ONIA BROWN-	GAITHER				000000-C-001
3. Type of Disb	the second secon	use separate CR	O-1310 forms for eac				
		tributions to Candida	ates/Political Committee	s Co	ordina	ted Party Ex	penditures
4. Payee Inform			☐ Add ☐	Remove			
	ailing Address & Ph	one	b. Coordinate	ed Committee N	lame	d. Comm	ents
(include city, sta	ite, & zip)						
WALMART	MILBOAR		- T - 1D - 1			1	
320 E. HANES			c. Level Regi:	stered (Specify)		1	
(336) 377-9194	LEM, NC 27105		State	County		T79 41	
(330) 377-7134	•		State	Munici	рашту:	e. Election	Sum to Date
						\$	134.95
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Res	narks
1977	Debit Card	0	05/16/2022	\$ 134.95	WA	TCH PAR	TY - FOOD
				\$			
4. Payee Inform	ation	TOTAL BUILD	□ Add □	Remove			
	iling Address & Ph	one	- Control Co.	d Committee N	9771.0	d. Comme	w.e.
(include city, sta			3001012010	a committee 14	ame	и. Соште	n ts
WALMART							
5039 UNIVERS	SITY PKWY		c. Level Regis	tered (Specify)			
	LEM, NC 27106		☐ Federal	County:			
(336) 293-1340			☐ State	☐ Municip	ality:	e. Dection	Sum to Date
						\$	72.26
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Re	quired Ren	
1977	Debit Card	0	05/17/2022	\$ 72.26			L WORKERS
			00/11/2022		LOIV	CII-FOL	L WORKERS
5. Total only this	Dame			\$			
				2011		\$	207.21
	CRO-1310 Pages						
(I his line goes in	line 13a of Detailed S	ummary Page CRO-	1100 if Operating Exper	nses)		\$	2,160.55
(This line goes in	line 130 of Detailed S	ummary Page CRO-	1100 if Contrib to Cand	idates/Political Co	mm)	Ψ	2,100.55
	des (List detailed		1100 if Coordinated Par	ty Expenditures)			
* - Media	B* - Printing				Pet-		
E - Salaries	F* - Equipme		C* - Fundraising			er Candida	
- Postage	d'Tonticat aity II" - Holding				Public Off	ice Expenses	
O* Other				Q" - D0	natioi	1 to Legal	Expense Fund
Codes require	detailed explanation	in required rem	arks field (k)	The Hall	- 11-1	-150	A TO SEE SEE
RO-1310	37-2-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	NC St	ate Board of Elections				December 2009

Aggregated	Non-Media	<b>Expenditures</b>
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Page 1 of 1 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less,

		ort NC Non-Media	Expenditures	of \$30 or less.					
1. Committee Full Name (and Fund if applicable)						2. ID Number			
COMMITTEE TO ELECT TREVONIA BROWN-GAITHER						STA-000000-C-001			
3. Payee Inf									
	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd	/уууу)	f. Amount	g. Required Remarks		
Add Remove	1977	Debit Card	О	05/16/202	22	\$ 30.7	WATERIA DADONA		
Add Remove	1977	Debit Card	0	05/02/202	22	\$ 21.2	WATCHE DADING		
Add Remove	1977	Debit Card	О	05/02/202	22	\$ 17.0	WATCH DAREN		
Add Remove	1977	Debit Card	0	05/17/202	22	\$ 11.7	WIA TOUT DAD DEST		
Add Remove	1977	Debit Card	0	05/17/202	22	\$ 5.4	LIBIOU BOLL		
. Total or	aly this Page		15, 17, 17			\$ 86.30			
(This line m		Detailed Summary Pag				\$	86.30		
. Purpose	Codes (List d	letailed expenditur	re code in (d) al	bove)	3 - 10				
	B* - Printing C* - Fundraising D -					- To Another Candidate			
E - Salari	The second second	- Equipment				H* - Holding Public Office Expenses			
I - Postag		Penalties	A CONTRACT OF THE PARTY OF THE			- Donations to Legal Expense Fund			
O* - Oth									
* Codes	require detail	ed explanation in	required rem	arks field (g	)				
RO-1315		NC Star	te Board of Election	ıs			December 2009		

### Refunds/Reimbursements From the Committee Pg 1 of ☐ Yes Use this form to report refunds/reimbursements, including contributions returned to the contributor 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT TREVONIA BROWN-GAITHER STA-000000-C-001 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum TREVONIA BROWN GAITHER ☐ Party e. Level Registered (Specify) 1031 RICH AVENUE h. Original Receipt Date WINSTON SALEM, NC 27101 ☐ Federal County: 03/04/2022 ☐ State Municipality: i. Original Receipt Amount 119.00 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date EDUCATOR NOT WSFCS WORKING RETIRED (1,294.37)k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check 1977 FILING FEE 05/09/2022 \$ 119.00 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC TREVONIA BROWN GAITHER Referendum Party e. Level Registered (Specify) 1031 RICH AVENUE h. Original Receipt Date WINSTON SALEM, NC 27101 Federal County: 03/04/2022 ☐ State Municipality: i. Original Receipt Amount b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date EDUCATOR NOT WSFCS WORKING RETIRED (1,294.37)k. Account Code I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount RENTAL OF POST OFFICE BOX 1977 05/09/2022 \$ 83.00 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate ☐ PAC TREVONIA BROWN GAITHER Referendum Party 1031 RICH AVENUE e. Level Registered (Specify) h. Original Receipt Date WINSTON SALEM, NC 27101 Federal County: 03/18/2022 ☐ State Municipality: i. Original Receipt Amount 108.00 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date EDUCATOR NOT WORKING RETIRED (1,294.37)k. Account Code l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check 1977 WIX WEBSITE \$ 05/09/2022 108.00 4. Total only this Page \$ 310.00 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) \$ 1,294.37 6. Purpose Codes (List detailed disbursement code in (f) above) L-Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit P\* - Reimbursement of In-Kine O\* Other \* Codes require detailed explanation in required remarks field (m) CRO-1320 NC State Board of Elections July 2007

Amendment

#### Amendment Refunds/Reimbursements From the Committee Pg 2 of ☐ Yes X No Use this form to report refunds/reimburs ements, including contributions returned to the contributor 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT TREVONIA BROWN-GAITHER STA-000000-C-001 3. Payee Information п Add 🔲 Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) PAC Candidate Referendum TREVONIA BROWN GAITHER Party e. Level Registered (Specify) 1031 RICH AVENUE h. Original Receipt Date ☐ Federal WINSTON SALEM, NC 27101 County: 03/17/2022 State Municipality: i. Original Receipt Amount b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date **EDUCATOR NOT** WSFCS WORKING RETIRED \$ (1,294.37)k. Account Code I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check 1977 **CUSTOMIZED BUMPER STICKERS** 05/09/2022 \$ 80.13 3. Payee Information Add 🔲 Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum TREVONIA BROWN GAITHER ☐ Party e. Level Registered (Specify) 1031 RICH AVENUE h. Original Receipt Date Federal WINSTON SALEM, NC 27101 County: 03/17/2022 ☐ State Municipality: i. Original Receipt Amount b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date EDUCATOR NOT WSFCS WORKING RETIRED (1,294.37)k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check DOOR HANGAR BAGS 1977 05/09/2022 \$ 32.09 3. Payee Information П Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC TREVONIA BROWN GAITHER ☐ Referendum ☐ Party 1031 RICH AVENUE e. Level Registered (Specify) h. Original Receipt Date WINSTON SALEM, NC 27101 Federal County: 03/17/2022 ☐ State Municipality: i. Original Receipt Amount 32.09 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date EDUCATOR NOT WSFCS WORKING RETIRED (1,294.37)k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check 1977 TRI-FOLD BROCHURES AND CARDS 05/09/2022 522.16 4. Total only this Page \$ 634.38 5. Total of ALL CRO-1320 Pages \$ (This line must be on line 15 of Detailed Summary Page CRO-1100) 1,294.37 6. Purpose Codes (List detailed disbursement code in (f) above) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit P\* - Reimbursement of In-Kine O\* Other \* Codes require detailed explanation in required remarks field (m)

Refunds/Re	eimb	ursements	From the Co	mmittee P	g 3 of	4	Amendmo	nt No
Use this form to	report re	efunds/reimbu	sements, including o	contributions ret	urned to the contri	ibuto	or	
1. Committee Fu	II Name	and Fund if a	pplicable)			-	ID Number	Name of Party
COMMITTEE 1	O ELI	ECT TREVON	IA BROWN-GAIT	HER		$\neg$	`A-000000-	C-001
3. Payee Informa				Add R	Lemove			IX (EBE
a. Full Name, Mai				d. Type of Com	The same of the sa	g. e	Comments	
(include city, st				Candidate	PAC	1		
TREVONIA BR		GAITHER		Referendum	☐ Party			
1031 RICH AVE				e. Level Registe		h. (	Original Re	ceipt Date
WINSTON SAL	EM, N	C 27101		Federal State	County: Municipality:		03/17/	2022
							riginal Rec	eipt Amount
b. Job Title/Profes	sion	c Employer's	Name/Specific Field	f Durane as Cal		\$		8.82
EDUCATOR NOT	5101	WSFCS	rame/specific rieio	f. Purpose Code		j. E	lection Sum	to Date
WORKING RETIRE				P		\$		(1,294.37)
k. Account Code		n of Payment	m. Required Rema	rks	n. Date (mm/dd/y	ууу)	o. Amount	
1977	Check		RECEIPT BOOK		05/09/2022		\$	8.82
3. Payee Informat				Add □ Re	emove			
a. Full Name, Mail				d. Type of Com	to decrease and the same of	g. C	comments	
(include city, sta	ate, & zi	ip)		Candidate	PAC	8.		
TREVONIA BRO	OWN G	SAITHER		Referendum	☐ Party			
1031 RICH AVE				e. Level Registe	red (Specify)	h. C	riginal Rec	eipt Date
WINSTON SALI	EM, NO	27101		Federal Federal	County:		03/17/2	2022
				State	Municipality:			
						i. O	riginal Rec	eipt Amount
h Tal That an a						\$		40.17
b. Job Title/Profess EDUCATOR NOT	sion		Name/Specific Field	f. Purpose Code		j. E	ection Sum	to Date
EDOCATOR NOT WORKING RETIRE!	)	WSFCS		P		\$		(1,294.37)
k. Account Code	l. Form	of Payment	m. Required Remar	·ks	n. Date (mm/dd/y)	vvv)	o. Amount	
1977	Check		COMMITTEE ITEMS		05/09/2022	,,,,		40.17
3. Payee Informati							\$	40.17
a. Full Name, Mail		race & Dhana			move			
(include city, sta	_			d. Type of Comm		g. C	omments	
TREVONIA BRO				Referendum	☐ PAC ☐ Party			
1031 RICH AVE		AITHER		e. Level Register		h. O	riginal Rec	eint Data
WINSTON SALE		27101		☐ Federal	County:	4.0		
				☐ State	☐ Municipality:		03/24/2	
						i. 01	riginal Rece	ipt Amount
. Job Title/Profess	ion	a Fundamenta A	Tana - 101 1 de Tro 11 %			\$		85.00
EDUCATOR NOT	108	WSFCS	ame/Specific Field	f. Purpose Code		j. Do	ection Sum	to Date
WORKING RETIRED				P		\$		(1,294.37)
. Account Code	l. Form	of Payment	m. Required Remarl	ks	n. Date (mm/dd/yy	уу)	o. Amount	
977	Check		SCREEN SET UP FOR	TSHIRTS	05/09/2022		\$	85.00
. Total only this P			por facility in the same	The Park Line Com-	\$		133.99	
. Total of ALL CF (This line must be	RO-132	0 Pages 5 of Detailed Sun	nmary Page CRO-1100	,		\$		1,294.37
			ement code in (f) ab			200	S. S. J. Williams	
L-Returned to C P*-Reimburser	Contribu	tor M - (	Overpayment for Ser	vice	N - Exceede	ed Co	ntibution L	imit
* Codes require	detaile	dexplanation in	required remarks	field (m)		S. W.		E00120-11

Amendment

Refunds/Re	eimbı	ırsements	From the Co	mmittee P	g <u>4</u> of _	4	Amenda Yes	No No
Use this form to	report re	funds/reimbu	sements, including c	ontributions retu	rned to the contri			
1. Committee Fu						-	2. ID Number	
COMMITTEE	O ELE	CLIKEVON	IA BROWN-GAITH	HER		ST	A-00000	)-C-001
3. Payee Informs				Add 🔲 R	emove			
a. Full Name, Mai				d. Type of Com	mittee	g. (	Comments	
(include city, st				Candidate	PAC			
TREVONIA BR		GAITHER		Referendum	Party	_		
1031 RICH AVENUE WINSTON SALEM, NC 27101				e. Level Registe		h. (	riginal R	leceipt Date
WINSTON SAL	EM, NC	27101		Federal State	County: Municipality:			3/2022
						i. 0	riginal R	eceipt Amount
1 7 1 77 (1 /2)						\$		186.00
b. Job Title/Profes	sion		Name/Specific Field	f. Purpose Code		j. Đ	ection Su	m to Date
EDUCATOR NOT WORKING RETIRE		WSFCS		P		\$		(1,294.37)
k. Account Code	I. Form	of Payment	m. Required Remai	rks	n. Date (mm/dd/y	ууу)	o. Amour	it
1977	Check		REPRINT OF TRI-FO	LD BROCHURES	05/09/2022		\$	186.00
3. Payee Informa				Add 🔲 Re	move		. 10000	1 1 57 11
a. Full Name, Mai				d. Type of Comn	nittee	g. C	omments	
(include city, sta				Candidate	☐ PAC			
TREVONIA BR		AITHER		Referendum	Party			
1031 RICH AVE				e. Level Registe				eceipt Date
WINSTON SAL	EM, NC	27101		Federal State	County: Municipality:	03/04/2022		
						i. 0	riginal Re	ceipt Amount
						\$		30.00
b. Job Title/Profess	sion		Name/Specific Field	f. Purpose Code			j. Election Sum to Date	
EDUCATOR NOT WORKING RETIRE		WSFCS		P		\$		(1,294.37)
k. Account Code	1. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/yy	уу)	o. Amoun	t
1977	Check		FINANCIAL CHECKIN	NG	05/09/2022		\$	30.00
4. Total only this						\$		216.00
5. Total of ALL C (This line must be	RO-132 on line 1	0 Pages 5 of Detailed Su	mmary Page CRO-1100	))		\$		1,294.37
6. Purpose Cod	es (List o	detailed disbur	sement code in (f) al	ove)				
L - Returned to P* - Reimburse	ment of	In-Kine O*	Overpayment for Ser		N - Exceed	ed C	ontibution	Limit
* Codes require	detaile	dexplanation i	in required remarks		S. AVENSONS	V 11.		
CRO-1320			NC State Boar	d of Elections				July 2007

CRO-1320

Amendment

July 2007

Outsta	nding	Loans
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				Amendment				
Pg	1	of	1_		Yes	X	No	

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Commi	ttee Full Name (and Fund if applica	ble)	2. ID	Number
COMMI	TTEE TO ELECT TREVONIA BE	STA	-000000-C-001	
3. Lender	Information	☐ Add ☐ Remove		
a. Full Na	me, Mailing Address & Phone e city, state, & zip)	b. Job Title/Profession	d. Co	omments
TREVO	NIA BROWN-GAITHER			
1031 RICH AVENUE WINSTON-SALEM, NC 27101 (336) 682-3941		c. Employer's Name/Spec		03/04/2022
(330) 062	2-3941		f. En	1 Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amo	ount j. Rei	maining Loan Balance
%		\$	1,294.37 \$	1,294.37
k. Full Nai	ne of Lending Institution	l. Los	n Number	
4. Total	only this Page		\$	1,294.37
5. Total	of ALL CRO-1430 Pages must be on line 21 of Detailed Summary	Page CRO-1100)	\$	1,294.37
CRO-143		NC State Board of Elections		December 2007