Amen	dment	

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			
a. Full Name			c. ID Number
- Uida Caluert Ha	4EQQEJ		
b. Mailing Address (include City St	ate and Zin Code)		d. Date Filed
TOIT West Mor	th west Blud		July 1, 2022
Winston-So	ilem, N.C. 2	וסוד	e. Phone Number
2 Poport Voor 2 P + 1 C			336-926-7777
2. Report Year 3. Period Star	rt Date (mm/dd/yy) 4. Period	End Date (mm/dd/yy) 5. Tr	easurer Full Name
	22 63	0/2022 U	da Caluert Hayes
6. Type of Committee (Check Candidate Campaign Pa	a section of a	port (check only one type of	of report from one category)
	eferendum Municipal Organizatio	nal Organizational	Referendum
	int Fundraiser Thirty-five of		Organizational Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
	Pre-election	Second Second	Supplemental Final
7. Type of Fund (if applicable Booster Fund	And the second s	Third	Annual
Building Fund	Semi-annua	r ourm	Special
	Mid Ye Year E		
Other:		nd Mid Year Year End	10. Special Report Name
8. Number of Fundraisers this		Final	
-0-		Special	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Na	the second se
Wills Foran			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	LCH 7777		
E Coming			
For Campaign	d. Period Begin Balance		d. Period Begin Balance
	\$ 13,066,67		\$ 8
CERTIFICATION			
I certify that the Committee or Fu of the NC General Statutes and th report is complete, true and correct	lat no runds are commingled wit	h prohibited or other non-discle	A, 22B & 22D-22M of Chapter 163 used funds. I further certify that this
1 id. Printi	1		113.
Printed Name of Sign	tayes	shature of Appointed Treasurer	all the state
FOR OFFICE USE ONLY			Wate
Date Received:	Emplo	yee:	Delivery Method Normal Mail
Data Destant 1 1	Emplo	yee:	Registered Mail Hand Delivered
Date Postmarked:			I I I I I I I I I I I I I I I I I I I
Date Scanned:	Emplo	yee:	Electronically Filed
Date Scanned: Date Data Entered:	Emplo	yee:	Signer has not received mandatory training
Date Scanned: Date Data Entered: <b>Please Note:</b> This form ca	Emplo Emplo Innot be used to amend comm	yee:	Signer has not received mandatory training
Date Scanned: Date Data Entered: Please Note: This form ca assistant	Emplo Emplo unnot be used to amend comm t treasurer, custodian of book	yee:	Signer has not received mandatory training committee address, treasurer, promation.
Date Scanned: Date Data Entered: Please Note: This form ca assistant	Emplo Emplo Emplo unnot be used to amend comm t treasurer, custodian of book the Statement of Organization	yee:	Signer has not received mandatory training committee address, treasurer, promation.

Detailed Summary Use this form to summarize all disclosure reporting forms and to total		Amendment
1. Committee Full Name (and Fund if applicable) 2. Typ		2 ID N
	US guarter	3. ID Number
	Fund	4EQQE
Start of Election Cycle: January 1, 2022	U Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$13,066,67	Contraction of the local division of the loc
<u>RECEIPTS</u>		1 10,000101
5) Aggregated Contributions from Individuals (CRO-12	205) \$	\$
6) Contributions from Individuals (CRO-12	210) \$	\$
7) Contributions from Political Party Committees (CR0-12	220) \$	\$
8) Contributions from Other Political Committees (CRO-12	30) \$	\$
9) Loan Proceeds (CR0-14		
10) Refunds/Reimbursements to the Committee (CR0-12	3,500.00	\$7,500.00
11) Other Receipt Sources		\$
11.) T-4		
(ORU-12)		\$
11b) Contributions from Not-For-Profit Organizations (CR0-12.         11c) Outside Sources of Income       (CR0-12.	-	\$
11d) Legal Emery E. L. Out. a		\$
11d) Legal Expense Fund - Other Sources   (CR0-12)	70) \$	\$
11e) Exempt Purchase Price Sales   (CR0-120)		\$
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 1 EXPENDITURES	1e) \$ 2,500.00	\$2,500.00
3) Disbursements		
13a) Operating Expenditures   (CR0-131		\$15,067.30
13b) Contributions to Candidates/Political Committees (CRO-131	0)\$	\$
13c) Coordinated Party Expenditures     (CRO-131)	0)\$	\$
4) Aggregated Non-Media Expenditures (CRO-131.	5) \$	\$
5) Loan Repayments (CR0-1420	» \$499.37	
6) Refunds/Reimbursements from the Committee (CR0-1320	D) \$	\$499.34
7) In-Kind Contributions (CRO-1510		\$
3) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 12		
(Add lines 4 and 12 together, then subtract line 1)	10,000010	\$ 15,560.67
DDITIONAL INFORMATION	8 5 -0 -	\$ -0-
)) Non-Monetary Gifts Given to Other Committees (CRO-1330	\$	
) Outstanding Loans (incl. ones from other campaigns) (CRO-1430	\$	
b) Debts and Obligations owed by the Committee (CRO-1610)	-	
) Debts and Obligations owed to the Committee (CR0-1620)		
) Account Transfers Within the Committee (CRO-1720)	-	
) Administrative Support (CRO-1710)		
		\$
48-Hour Notice Demonte C	00.60	\$2,000,63
Contributions to be Refunded       (CR0-2220)	\$	\$
CO-1100 NC State Reard of Election	\$	\$

Loan Proceeds Use this form to report proceeds from a loan and loan	andone		Pg		of _	Amendment Yes	No No
A loan proceeds statement must accompany each loan	that is f	from an indi	tion ividual				
1. Committee Full Name (and Fund if applicable)	N III WAL	He Carrow Pol		18 26 1		2. ID Number	
Elect Lida Calvert Haves Sc	hod					4290	EJ
3. Lender Information a. Full Name, Mailing Address & Phone		Add 🔲	Remo				- 35 - 50
(include city, state, & zip)		b. Job Title/I	Professi	on		d. Comments	
Sida Calvert Harpes 1011 West Northwest E Minston-Salem, HC	0.10	Pres				e. Start Date (mm/dd	L/vvvv)
Will was NUCHWEST F	SYD	c. Employer's	s Name/	Specific Fi	eld	5/2/10	0
MMSton-Salen, HC		SH	Da	nting	20	5 607	V
10155		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	en	2	r	f. End Date (mm/dd/	уууу)
	i. Accour	nt Code	j. Forn	of Payme	nt	k. Amount	1000
	LCH	7777	ch	uck		\$ 2,500	0.00
I. Full Name of Lending Institution	l vi v					m. Loan Number	
Lida Cahert Aayes						-0-	-
4. Endorsers/Makers (The people who guarantee the loan.	.)	20 100		10.7		a three should be	Per la serie
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofessio	n	c. Ei	mployer's Name/Speci	fic Field
(include city, state, & zip)							
	•	d. Percentage	表現の		e. Ai	mount	
				%	\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Pr	rofessio	n	c. Er	nployer's Name/Speci	fic Field
	d	. Percentage	a let v		e. An	nount	AND AND A
				%	\$		
a. Full Name, Mailing Address & Phone	h	. Job Title/Pr	ofeenior		-		
(include city, state, & zip)		. 300 110011	01622101		C. En	nployer's Name/Specif	nc Field
	d	. Percentage		241-21-2	e. An	ount	145 102
				%	\$		
a. Full Name, Mailing Address & Phone	b	. Job Title/Pro	ofession		c. Em	ployer's Name/Specif	ic Field
(include city, state, & zip)	15						
	d.	. Percentage			e. Am	ount	1.1.1
				%	\$		
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-110)	(1)	1.1.1				\$2,500,5	0
CRO 1410	•)			- Line - De		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<u> </u>



# 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.

· Name of committee to receive loan: Elect Lida Caluert Hayes
· Person or committee to make loan: da Calvert Hayes
Date of loan to committee: 52622
Name of lending institution (source):
• Amount of loan:
Description (if in-kind loan):
<ul> <li>Names of all parties responsible for payment of loan (guarantors):</li> <li>Lida Caluert Harps</li> </ul>
Period of loan:
Rate of interest of loan:
Security pledged for loan:
I, <u>Rede</u> <u>Auert</u> <u>Harpes</u> , acknowledge that all of the information (Person lending money to committee) provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.
Lida Caluert Hayes 5-26-22
Signature of Lender Date Signed Juda about factor 5-76-77
Signature of Treasurer of Committee Date Signed

Loan Proceeds Statement

## Disbursements

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

1. Committe	ee Full Name (and F	und if applicable	2)	Radiation		-	
<ul> <li>CONVERSION</li> </ul>	t Lida (	7				0.001	2. ID Number
3. Type of D		aluert +	faller			_	4EQQET
Operating		ase use separate ( Contributions to Cand	idates/Polit	U. forms for			ement.)
4. Payee Infe	ormation		idates/Point	and the second se	es L C Remove	oordina	ted Party Expenditures
a. Full Name	, Mailing Address &	Phone		and a set	ated Committee Na	200	d. Comments
(include city, st					commute ra	<u>me</u>	a. Comments
Fan	nar Bill	ivard		c. Level Reg	sistered (Specify)		e. Election Sum to Date
							\$4,700.00
f. Account Code	O	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
LC H7T	17 Check	A		9/1922		1 22	
			1 /	HULL	\$	1 AUR	elicard
4. Payee Info				Add	Domosio		
a. Full Name, Ma	ailing Address & Phone	A REAL PROPERTY AND A REAL PROPERTY OF			Remove ed Committee Nam		
(include city, s	tate, & zip)			w coordinat	cu commuce Nam	e j	d. Comments
art Well	Signo cime, U.C	ж. Э		c. Level Regis	stered (Specify)	ılity: e	. Election Sum to Date
E Assessed G. J.		0					\$ 400.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	m/dd/yyyy)	j. Amount		wired Remarks
LC#111	Icheck	A			\$ 400.00		Signe
					\$	- 0	St J Kut
4. Payee Infor	mation				Remove	Conservation of the local distance of the lo	
a. Full Name, Mai	iling Address & Phone		Oldania al		d Committee Name	1.1	Comments
(include city, st			Ē		a commence riame	α.	Comments
N.C	breen			Level Regist Federal State	ered (Specify) County: Municipal		
			F			uy. e.	Election Sum to Date
. Account Code	g. Form of Payment	h Duran Ci I				\$	700,00
1.0 7777	0 1		i. Date (mr	n/dd/yyyy) j.			ired Remarks
	Check	E	may	67071\$	700.00	PD	le Worker
				\$			
. Total only th	The second se	To-to 774 to diverse	1.0.80	(WZALLE	And I I WALLS	\$	E la co
5. Total of ALL	CRO-1310 Pages	NA CALL CALL		ALC: NO	SCHOLE SHE	ψ	2,800.00
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	0 if Operati	ing Expenses)	and the second second		
(***** ***** 50E3 Ht	une 130 OI Detailed Sum	mary Page CDA 110	0.200 . 12			\$	5,800.00 15,067,30
	the 190 of Delalled Sum	mary Page CRO-110	0 if Coordin	ated Party Ex	penditures)		10/001,00
• Purpose Co	odes (List detailed	expenditure code	in (h.) ab	ove)		- Vieter	
- Salaries	B* - Printin F* - Equipn	ig (	C* - Fund	Iraising	D - To Ar	other	Candidate
- Postage	J - Penaltie		G - Politic	al Party	H* - Hole	ling P	ublic Office Expenses
* Other		-		e Expenses	s Q* - Don	ation	to Legal Expense Fund
Codes require	e detailed explanation	n in required re	marks fie	ld (k)		17 10 10	
<b>RO-1310</b>		NC St	ate Board o	f Elections			The second s

December 2009

Amendment

### **Disbursements**

Disbursements	_	7		2	Amendment	
Use this form to report expenditures from the committee for operating exp committees and coordinated party expenditures	Pg	4	of	<u> </u>	<b>V</b> es	No No
committees and coordinated party expenditures	ense	s, contri	buti	ons to ca	andidate/pol	itical

committees a	and coordinated party			operating es	cpenses, contrib	outions to	o candidate/political
	e Full Name (and F	und if applicable	)				2. ID Number
Elect		event Ha	yes	2			45005T
	isbursement (Ple	ase use separate (	RO-131	0 forms for	each type of Di	sbursen	rent.)
Operating ]		Contributions to Candi	dates/Politi	ical Committee			d Party Expenditures
4. Payee Info				Add 🔲	Remove	D. B. Ca	- any Expenditures
a. run Name,	Mailing Address &	Phone		b. Coordinat	ted Committee Na	me d	. Comments
(include city, st							
Pam	Lofland			c. Level Regi	istered (Specify) County Municip		Election Sum to Date
							2565.00
f. Account Code		h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount		and the second se
LCH777	7 Check	E	519	1		Culls.	aired Remarks
	Church		2119	22	- 150sr	1 +	Sle Worker
A Dames T.C.					\$		
4. Payee Info				Add	Remove	Start Start	
a. Full Name, Ma (include city, s	ailing Address & Phone			b. Coordinate	d Committee Nam	h a	Comments
6ene	iva Thomp	୫୪ନ		c. Level Regist Federal State	tered (Specify) County: Municipa		Election Sum to Date
Account Code	g. Form of Payment	1. 7.				\$	130.00
		h. Purpose Code	i. Date (m	m/dd/yyyy) j	. Amount	k. Requi	red Remarks
CCH7777	Check	E	5/18		130,00		eworker
. Payee Inform	mation			9	6		
Full Name Mei	ling Address & Phone			Add 🛛 F	Remove	1- 1-1-1	
(include city, sta	ang Address & Phone		b	. Coordinated	Committee Name	d. C	omments
	Dne, N	I.C.	с. Ц	Level Registe Federal State	red (Specify) County: Municipali		ection Sum to Date
Account Code	g. Form of Payment	h. Purpose Code	Dete				1,372,30
CH7777	Check				Amount I	k. Require	ed Remarks
	Check	0	May	27,2022\$	4,372.30	IT	- Advisor
Total only th	is Page		Non-second	I <sup>\$</sup>			
the second se	CRO-1310 Pages					\$1	1,067.30
This line goes in This line goes in This line goes in	line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum	MARY Dags (DA) 1100	1000		Political Comm)	\$	5,067,30
r urpose Co	des (List detailed	expenditure code i	n (h) abo	(va)	containes)		/
* - Media	B* - Printin	g C	(n.) apc	Irajoina	D	-	
- Salaries	F* - Equipn	ient G	- Politic	al Party	D - To Ar	other C	andidate
Postage	J - Penaltie	-	* - Offic	e Expenses	AT - Hold	ung Pul	blic Office Expenses
Other				_	Υ DOU	ation to	Legal Expense Fund
O 1210	detailed explanatio	n in required ren	arks fiel	ld (k)	STATISTICS IN COMPANY		
0-1310		NC Sta	te Board of	Elections			December 2009

December 2009

## Disbursements

~			Amendment
5	of	3	Yes

No No Pg Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee	Full Name (and F	und if applicable	ej	The States	1.7 242254 010	Reserve	2. ID Number
	0	lucit Hay			CL BOLLEDGIE		
3. Type of Di	No. of Concession, Name of Street, or other Designation, or other	ase use separate.		10 forms fo	reach type of 1	Dicharme	4E QQET
Operating E	xpenses	Contributions to Cand	lidates/Pol	tical Committ			ted Party Expenditures
4. Payee Info				Add [	Remove	T. Straint	in the second seco
(include city, stat	Mailing Address &	Phone	「「「「「」」で	b. Coordin	ated Committee N	lame	d. Comments
	ice attive	and	rest-ide				
Natura	N.C.	TU			gistered (Specify)	- 10 3	
	M.C.			Federal State	in the second second	-	
				<b>State</b>	L Muni	cipality:	e. Election Sum to Date
f. Account Code	E E CD						\$1,000.00
(ALL DTT	g. Form of Payment	h. Purpose Code		(mm/dd/yyyy	and the second		quired Remarks
UN III	I Check	E	6	7022	\$1,000,2	5 +	ole worker
4. Payee Infor	mation				\$		
	iling Address & Phone	and Property States		Add	Remove		
(include city, st	ate, & zip)	1.1.1718-		o. Coordina	ted Committee Na	ame	d. Comments
James NIC	Knox						
U1C	9			c. Level Reg	istered (Specify)		
				State	Count	-	. Election Sum to Date
						1	
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (	mm/dd/yyyy)			\$ 12000,00
LCATTTT	Check	E				k. Rec	uired Remarks
LCHTTTT		Ē	10.000	30,7022	\$ 800,00	t	ole Worker
4. Payee Inform		14	and the second se		\$ 400.00	+	Ole Worker
	ling Address & Phone			Add	Remove ed Committee Nar		Comments.
(include city, sta	ite, & zip)					uie d	. Comments
				C. Level Kegi	stered (Specify) County	Coultyde	
				State	Munici	-	Election Sum to Date
							\$
Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Rem	uired Remarks
					\$		
					\$		
. Total only th	is Page						2
	CRO-1310 Pages			14. A-252 M		4	15,067.30
(This line goes in	line 13a of Detailed Sur	nmary Page CRO-11	00 if Oper	ating Expense	s)	ď	FUTTO
(This line goes in	line 13b of Detailed Sun line 13c of Detailed Sun	nmary Page CRO-11	00 if Cont	ih to Candida	ton/Dolifical Co	n)   <sup>3</sup>	15,061.30
Purpose Co	odes (List detailed	expenditure and	in the	unated Party	Expenditures)	Intertown	
* - Media	B* - Printi	ng	C* - Fu	ndraising	D.To	Anothe	r Candidate
- Salaries	F* - Equip		G - Poli	tical Party	H* - H		Public Office Expenses
<ul> <li>Postage</li> <li>* Other</li> </ul>	J - Penalti	es	K* - Of	fice Expens	es Q*-D	onation	to Legal Expense Fund
Codes require	e detailed explanati	on in required r	emarks	ield (k)	2 NOT DECKNING	240 100000	
RO-1310				of Elections	and the second se		December 2009

Loan Repayments	r P		Pg	of	Amendment
Use this form to report pays <b>1. Committee Full Name (</b>	ments on an exis	sting loan.			
Elect Lida					2. ID Number
3. Lender Information	Callert	the second se			4EQQEJ
a. Full Name, Mailing Address &	& Phone	· 🗖 Ad	d 🔲 Ren	love	h Community
(include city, state, & zip)					b. Comments
Hida Call 1011 Wes Winstor	set the	upee			
1011 1100		thujost F	Strd_		c. Original Loan Date
					5-26-22
WIMStor	1-Sal	em, NC			d. Original Loan Amount
	2110	1			\$ 2,500,02
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (m	m/dd/yyyy)	i. Repayment Amount
\$2,000.63	Le#777	1 check	6/20	2022	\$ 499.37
\$					\$
3. Lender Information		Add	Rem	DVC	
a. Full Name, Mailing Address & (include city, state, & zip)	Phone				b. Comments
(menuie eny, state, & zip)					
					c. Original Loan Date
					State Bound Built
					d. Original Loan Amount
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	li na c		\$
\$		g. Form of Fayment	h. Date (mn	v/dd/yyyy)	i. Repayment Amount
					\$
\$					\$
3. Lender Information		Add	Remo	ve	
a. Full Name, Mailing Address & ] (include city, state, & zip)	Phone				b. Comments
(include city, state, & zip)					
					c. Original Loan Date
					gine Loui Dute
					d. Original Loan Amount
. Remaining Loan Balance	f. Account Code	g. Form of Payment			\$
\$	Theorem Court	g. rorm of rayment	h. Date (mm	dd/yyyy)	i. Repayment Amount
					\$
\$					\$
I. Total only this Page					\$ 499.39
5. Total of ALL CRO-1 (This line must be on line 15 of De	420 Pages etailed Summary P	age CRO-1100)		5	\$49927
CRO-1420		NC State Board of Ele	ections		December 2007

	1		1	Am	endment	
Pg		of	<u> </u>		Yes	No

**Forgiven Loans** Use this form to report any loan which has been forgiven by the lender.

		2. ID Number
	res	4EQQES
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Comments	
(include city, state, & zip)		
Elect Fida Callert Haspe	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
1011 North west Benger.		
Elect Rida Calvert Hayee 1011 North west Blud C Winston Salem, HC	526.22	\$ 2500.00
2000	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$ 2500.00	6 30 2022
	e. Remaining Loan Balance	h. Forgiven Amount
	\$ 2000.63	\$ 2000.63
3. Lender Information	Add Remove	nul network they in the
a. Full Name, Mailing Address & Phone	b. Comments	
(include city, state, & zip)		
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
	B	
		\$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$	
	e. Remaining Loan Balance	h. Forgiven Amount
	\$	\$
3. Lender Information		Ψ
h. Full Name, Mailing Address & Phone	Add Remove	
(include city, state, & zip)		
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		\$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	\$	
	e. Remaining Loan Balance	h. Forgiven Amount
	\$	\$
I. Total only this Page		\$2000.62
5. Total of ALL CRO-1440 Pages (This line must be on line 26 of Detailed Summary Page CRO-1100)		\$2000.63 \$2000.63
(This the must be on the 26 of Detailed Summary Page CRO-1100) The lender information should contain the same information as supplied on the original loan proceed statemen.		2000,63

CRO-1440

NC State Board of Elections

December 2007