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 Nurio Charzi to WSFCS School Board b. Mailing Address (include City, State and Zip Code) d. Date Filed 5-10-22 e. Phone Number 336-287-4791 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name -2022 4-30-2022 Robert Nunzio 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category, Candidate Campaign Party Municipal State/County Referendum PAC Referendum Organizational Organizational Organizational ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five day Quarterly Pre-referendum Legal Expense Fund Pre-primary First Final Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth ☐ Special Building 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 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name b. Purpose c. Account Code b. Purpose c. Account Code d. Period Begin Balance d. Period Begin Balance 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 of Elections. VUNZIO Printed Name of Signer Signature of Appointed Tre FOR OFFICE USE ONLY Date Received: Delivery Method Employee: Normal Mail Date Postmarked: Registered Mail Employee: Hand Delivered Date Scanned: Employee: **Electronically Filed** 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.

Disclosure Report Cover

Amendment

Detailed Summary Amendment ☐ 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 ammittee 9 Start of Election Cycle: Total this Total this January 1, 2022 **Reporting Period Election Cycle** 4) Cash on Hand at Start \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 50000 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees (CRO-1220) \$ 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 4 00 00 540000 \$ **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) 13b) Contributions to Candidates/Political Committees (CRO-1310) 13c) Coordinated Party Expenditures (CRO-1310) \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ 15) Loan Repayments (CRO-1420) \$ \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ 17) In-Kind Contributions 10 60 ¥ (CRO-1510) 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) * 266. 2206. 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 ¥ ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 1	
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)	\$ %	
24) Account Transfers Within the Committee	(CRO-1720)	\$ %	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	φ
28) Contributions to be Refunded	(CRO-1215)	\$	\$
CRO-1100 NC State Box	rd of Elections		August 200

Amendment **Aggregated Contributions from Individuals** 1 of 1 Page ☐ No Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) 2. ID Number 3. Contributor Information a. Amend b. Account Code c. Form of Payment d. In-Kind Description e. Date (mm/dd/yyyy) f. Amount ☐ Add Remove 4-4-2022 Add Remove Add Remove

Add	1	Con .		9-0	200	50
Remove	1945	cash		4-7-	7012	\$ 5000
Add Remove	1945	Cash Cash		4-8-	2017	\$ 50 00
Add Remove	1945	cash		4-9-	2022	\$ 50 00
Add Remove	1945	Cash		13.		\$ 50 °°
Add Remove	1945	Cash				\$ 50°°
Add Remove	1945	Cash		4-12-	2017	\$ 50 00
Add Remove	1945	Cash		4-13-	2027	\$ 50 00
Add Remove						\$
Add Remove						\$
Add Remove						\$
Add Remove						\$
Add Remove						\$
Add Remove						\$
Add Remove						\$
Add Remove						\$
Add Remove						\$
Add Remove						\$
Add Remove						\$
Add Remove						\$
Add Remove						\$
4. Total or	lly this Page				\$	60000
	ALL CRO-12	205 Pages			- P	500.0
(This line mu	st be on line 5 of Deta	ailed Summary Page CR(0-1100)		\$	50000
CRO-1205		the state of the s	C State Board of Elections			April 2007

Cor	tributions	from Individu	als	TO TO	g of (4	Amendment
Use the	nis form to report	t individual contribut	ions over \$50 or	contributions un	der \$50 if form (CRO	Yes No
1. Co	mmittee Full Na	ime (and Fund if ap	plicable)				ID Number
1 sm	mittee to Elec	of Robert Nunie	10 Capitz, fo	WSFCS S	108.0	1.	1
	ntributor Inform		10 aprile		emove	سے	
	Name, Mailing Add		_	b. Job Title/Prof	00000	a c	Comments
(inch	ide city, state, & zip	p)		0.	1	u. (onunents
6	ianna L	ight foot lem, NC 241		c. Employer's Na	ame/Specific Field		
W	enotm-Su	em, NC 271	104				lection Sum to Date
f. Prior	- A	li m	r			\$	250°°
	8	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	уу)	k. Amount
L	1945	Check			84PR 22	2	\$ 25000
							\$
							\$
	tributor Inform			Add Re	move	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	lame, Mailing Addı de city, state, & zip			b. Job Title/Profe	ession	d. C	omments
	-	- 0		-			
Ed	Droyal	Rood n, NC 29104		c. Employer's Na	me/Specific Field	-	
	· How thorne	Rood			*		
We	noton-Julen	n. NC 27/04				e. El	ection Sum to Date
f. Prior						\$	340000
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
	1945	Check			20APR22	_	\$ 3400
							\$
							\$
	ributor Informa			Add Rer	nove		
	ame, Mailing Addro le city, state, & zip)	ess & Phone		b. Job Title/Profes	sion	d. Co	mments
		NC 27104		c. Employer's Nan	on /Companies a Table 1 A		
11.	101	10000		c. Employer's Nan	ie/Specific Field		
WW	107m-Solem,	NC27104				e. Ele	ction Sum to Date
Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyy		000
	IOUI	0/ /2 3/					. Amount
	1775	Cleokonic			23 APR 22	2	\$ 1000°°
_						_	\$
							\$
	al only this Pa	0				\$	465000
(This lin	te must be on line 6	O-1210 Pages of Detailed Summary Page	as CDO 1150			\$	Uganoi
TD 0 70	# O	-, Dominion Summury Pa	Re CVO-1100)				1700

		rom Individua individual contribution		l Contributions u	Pg 2 of 2	2	Amendment Yes No 1205 is not yeard
1. Con	nmittee Full Nar	ne (and Fund if app	licable)	Contributions un	ider \$50 ir foring C	23	ID Number
	Hee to Elect		CAiri. to WS	FCS School	Board		1
3. Con	tributor Inform	ation			Remove	m	
	Name, Mailing Addr de city, state, & zip)			b. Job Title/Pro	fession	d. C	Comments
	^	/		-			
Z	ach West	1, NC 27104		c. Employer's N	ame/Specific Field		
W	noton-Safen	1, NC 27104				e. E	lection Sum to Date
						\$	250°°
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	уу)	k. Amount
므	1945	electronic			24APR 2Z	-	\$ 25000
							\$
							\$
	tributor Informa				emove		
	ame, Mailing Addro le city, state, & zip)	ess & Phone		b. Job Title/Prof	fession	d. C	omments
(ARTOLICE)	ie city, state, et zip)						
				c. Employer's Na	ame/Specific Field	1	
						_	
							ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy)	k. Amount
							\$
							\$
							\$
	ributor Informa				move	13	A THE RESERVE
	ame, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profe	ession	d. Co	omments
(-22-22-22-22-22-22-22-22-22-22-22-22-22	o city, suite, et zip)						
				c. Employer's Na	me/Specific Field		
						e. Ele	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyy	y) [k. Amount
							\$
							\$
							\$
4. Tota	al only this Pa	ige				\$	25000
5. Tota	al of ALL CR	O-1210 Pages		- 1011/21			250°°
(This lin	ne must be on line 6	of Detailed Summary Pa	ge CRO-1100)		200	\$	4900

Disbursen	nents				_ /	4	Amendment	
		C	·· ••	.•	Pg of	+	Yes No	
Committees and	o report expenditures d coordinated party ex	from the commit	tee for o	operating ex	penses, contribut	ions t	o candidate/political	
	Full Name (and Fund						A TIN NY	
0 11 1	1 -1 1 // 1 1 1		1	- 0	7 10		2. ID Number	
Commoster 4		Will Apizzi					1	
3. Type of Disk		e use separate CK				- 1		
Operating Exp		ntributions to Candida				ordinate	ed Party Expenditures	
4. Payee Inform				Add	Remove			
	Mailing Address & Ph	one		b. Coordinat	ted Committee Name	e	d. Comments	
(include city, state	1						1. 1. 1 /mi	
Allen	n. Design			T I Dog			Printing: Just sign	
11.46	a Design Point Blod			c. Level Regi	istered (Specify)		Walm Carls	
North	ant DIVO			State	County: Municipa	1	7 1001 (4794)	
1. 1 insten	-Salem, NC 2	22106		Diane	Money	ашту.	e. Election Sum to Date	
		,					\$ 682.32	
f. Account Code		h. Purpose Code	-	(mm/dd/yyyy)			quired Remarks	
1945	Check	8	228	TPR22	\$601.02	CAN	margn hono	
1945	Check	3		PR 22	\$ 81.29	Pa	Von Cardel Into	
4. Payee Inform		48/14/11/15	1		Remove	14	7 6	
a. Full Name, Mail	ling Address & Phone				ted Committee Name	e c	d. Comments	
(include city, sta								
1 222 2							Stakes to mount	
Amazor	~		1	c. Level Registered (Specify)				
U				Federal	County:		// //	
			7	☐ State	Municipa	lity: e	e. Election Sum to Date	
f. Account Code	Town of Downsont	In Barress Code	I 6	1777	T		\$ 133, 44	
		h. Purpose Code				k. Req	quired Remarks	
1945	Credit Card	0	13A	PRZZ	\$ 733.44	YAR	Sign Stakes	
					\$	t	0	
4. Payee Inform	nation			Add	Remove			
	ling Address & Phone				ed Committee Name	Id	l. Comments	
(include city, stat				D. COULUMN	а Сопиние гланк			
	Clarke			1			Print Checks for Account	
Haclon	& Charke		1	c. Level Regis	stered (Specify)	-	1 +	
1			1	☐ Federal	County:		Mccorga 1	
ı			1	State	Municipal	lity: e.	. Election Sum to Date	
i			1			-		
					-		\$ 41.33	
f. Account Code	1 41	400			200	-	uired Remarks	
1945	dRAFT	K	20A	PR 22	\$ 41. 33	che	ch Printing	
					\$		//	
5. Total only thi	is Dago				φ		. 0-1 -4	
							\$ 857.08	
	CRO-1310 Pages	- 670 17	-10		10 - 10			
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	0 if Oper	ating Expenses	s)		\$ 1553.99	
(This line goes in	line 13b of Detailed Summiline 13c of Detailed Summ	mary Page CKU-110	0 if Contr	rib to Candidat	tes/Political Comm)		177 5.11	
	line 13c of Detailed Summ				Expenditures)			
7. Purpose Co		expenditure code			ALIE ALE			
A* - Media	B* - Printing	_		indraising			er Candidate	
E - Salaries	F* - Equipm			itical Party	H* - Ho	lding	Public Office Expenses	
I - Postage O* Other	J - Penalties	S ,	K* - Or	ffice Expens	es Q* - Dor	natio	n to Legal Expense Fund	
	e detailed explanatio	n in required re	lee	@ 11 (Is)				
Couco requir	o uciancu expianano	THE LEGITICA I.C.	THAI RE	Heid (K)				

Disburse	ements					2	. 11	Amendment
Use this form	to report expenditure	es from the comn	nittee fo	r operating a	rg Exnenses	contrib	of 7	Amendment Yes No
STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political 1. Committee Full Name (and Fund if applicable)							
Committee	11/1/11	Nuvzio (Apie	21 10	WSFCS	School	12	2.	ID Number
3. Type of Di	sbursement (Plea	se use separate (CRO-13				shum om o	
Operating F	Apenses	ontributions to Cand	idates/Po	litical Committe	ees			Party Expenditures
4. Payee Info	rmation] Add [Remo	ve	oordinated 1	rarty Expenditures
a. Full Name,	Mailing Address & F	hone		b. Coordin			ne d (Comments
(include city, sta	te, & zip)							. /
Jali H	Va Hachelt ville Folly M	4.112		c. Level Re Federa State		pecify) County: Municip		hare Booth + Kernersville Hection Sum to Date
f. Account Code	ville folly 10	TY 0 & T					\$	ØØ
1011	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	nt	k. Requir	red Remarks
1795	Check		241	APR 22	\$ 72	100	30th	Fee
1945	Check	0	24 A	PR 22	\$ 25	00	RU	Trinket
4. Payee Infor				Add	Remov		160074	ranceD
	iling Address & Phone			b. Coordina	~		. 40	
(include city, st				or coordina	ced Commi	ittee Main	e a. C	omments
Specta		T-		c. Level Reg Federal State		County: Municipa		ection Sum to Date
120	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoun	t		ed Remarks
1945	Credit Carl	K	100000	PR22	\$ 25/.		Jechus	lay Internet
4. Payee Inform	nation				\$			Ψ.
	ing Address & Phone			Add	Remove			I S LOAD OF THE SECOND
(include city, sta	te, & zip)			b. Coordinate	ed Commit	tee Name	d. Co	nments
Stripe				c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date				
. Account Code	g. Form of Payment	h. Purpose Code	Doto (nm/dd/yyyy)			\$	9.21
1945	1/	A COULT	100000000000000000000000000000000000000		j. Amount		k. Required	Remarks
	electunic		19A1	PR 22	\$ 9.2	2/	Fricess1	m Fee
					\$			0
. Total only thi					13 W T		10-	2// 20
. Total of ALL	CRO-1310 Pages						\$ =	361.09
(This line goes in	line 13a of Detailed Summ	nary Page CRO-110	0 if Oper	ntina Evnanças				1
(This line goes in	ine 130 of Detailed Sumn line 13c of Detailed Sumn	nary Page CRO-1100 vary Page CRO-1100) if Conti) if Coord	rib to Candidate lingted Party E		Comm)	\$ /	553.99
. Purpose Co	des (List detailed e	xpenditure code	in (h) a	hove)	хренини е	s)		
- iviedia	B* - Printing	3 (ndraising	D	T- A	4h - ~	
- Salaries	F* - Equipm	ent (
Postage J - Penalties K* - Office Expenses								
* Other	J - Penalties detailed explanation	F		fice Expense	es Q	* - Don	ation to 1	Legal Expense Fund

Use this form	to report expenditu	res from the com	nittee fe	or operating e	Pg <u> </u>	of 4	Yes No o candidate/political
1. Committee	nd coordinated party Full Name (and F	y expenditures	`		-poisos, contri	Judons (o candidate/political
A	1 11 1 0	Ind II applicable	9)		0.4		2. ID Number
(Smuit es	THE RESERVE THE PERSON NAMED IN	voeit /VUNZIC	(AD	1221 to 6	ISPES Shed	Ball	1
3. Type of Di Operating E		ase use separate	CRO-13	310 forms for	each type of D	isbursen	nent,)
4. Payee Info		Contributions to Cand	idates/Po	litical Committee	es 🔲 C		d Party Expenditures
	Mailing Address &	Phone	L	_ Add _	Remove	2, 29	
(include city, star	te, & zip)	r none		b. Coordina	ted Committee Na	me d	L Comments
	as Station			-			
				c. Level Reg	istered (Specify)		
10001	Salem, NC	-01.1		☐ Federal	County	:	
Winston	- Jalem, NC	27100		State			Election Sum to Date
6.4	<u>'</u>						\$ 182.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Regi	uired Remarks
1995	debit and				\$ 100		^
1945	debit Card	0		- ·	\$ 82.81	gas	A (
4. Payee Infor			-		Remove	ga	s fer Signs
a. Full Name, Mai	ling Address & Phone		- No.		ed Committee Nan	0	0
(include city, sta					- Committee 14an	ie a.	Comments
Los Pri	mos						
Winston.	~ 1			c. Level Regis	tered (Specify)		
Wineton.	Salem			Federal	County:		
				State	Municipa	ality: e. F	Election Sum to Date
f. Account Code						\$	46.39
. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy) j	. Amount		red Remarks
1945	debit (and		28	APR 22	46.39	food	1
		1		9	3	1000	1
4. Payee Inform	nation			Add D F	Remove		
a. Full Name, Maili	ng Address & Phone				Committee Name	d C	omments
(include city, stat					The state of the s	u. C	Onlinents
BPG	Station					_	
	0(,54,151			c. Level Registe	The same of the sa		
1.15.20	Salem, No	<i>c</i> . ,		State	County: Municipal		
CO (NOV)	Salem, 100	- 2766			Winterpal		ection Sum to Date
	g. Form of Payment					\$	79.27
1945	Nebit Carl		. Date (n	am/dd/yyyy) j.	Amount		ed Remarks
1795	Nevir Cay	0	9 M	4422 \$	7977	gas,	fer signs
				\$		J	ta 2. 102
. Total only this	Page		THE W			1 0	210111
. Total of ALL	CRO-1310 Pages	1 9 100				\$	368.47
(This line goes in li	ne 13a of Detailed Sum	mary Page CRO-1100) if Opera	ting Expenses)			
/ goes tit tt	ne 13b of Detailed Sum ne 13c of Detailed Sum	marv Pago CRO_110/	A SE Came	22 4 62 20 2	(Political Comm)	\$ /	553,99
rurpose Coo	les (List detailed e	expenditure code i	if Coord	inated Party Exp	enditures)		
- Meula	B* - Printin	g C	* - Fm	ndraising	D. The A	-41 =	
- Salaries	F* - Equipm	ient G	- Polit	ical Party	D - To Ar	iother C	andidate
PostageOther	J - Penalties	ş K	[* - Off	ice Expenses	Q* - Don	ation to	blic Office Expenses Legal Expense Fund
Codes require	detailed explanatio	n in required row	ngeles f	old (I-)			
RO-1310		Togan cu lei	ual KS I	era (K)	AND MANAGEMENT		- CSY-1

Amendment

Yes

					,		
Disburse	ments				Pg 4		Amendment
		s from the comm	ittee for	congressing a	Pg	of	Yes No ns to candidate/political
committees an	d coordinated party	expenditures	utice 101	operating e	xpenses, cont	ributio	ns to candidate/political
1. Committee	Full Name (and Fu	nd if applicable					12 ID.V
/	1 1 1 1 11	best Nurzia		22. 1 1	ISEC C/	IR	2. ID Number
3. Type of Dis		So use sengrate (100/42	100	a selva	d Edi	4
Operating Ex		se use separate (KU-43	lu forms for	each type of		
4. Payee Infor	The state of the s	ontributions to Candi				Coord	nated Party Expenditures
	Mailing Address & P	hone		3 1 100 L	Remove		
(include city, stat		mone		b. Coordina	ited Committee	Name	d. Comments
		1		-			1
Winstn.	Salem Jours Salem, NC	w.l		c. Level Roo	sistered (Specify	.\	-
,	~ <i>(</i>			Federal	Cou		_
Winter	Slean MC	27/11		State		ncy. ticipality	e. Election Sum to Date
www.	311m, 10C	27101				пстранту	. e. Election Sum to Date
							\$ 1.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k.	Required Remarks
1945	delet (and	K	21	14477	\$ 1.00		
		1	100	179 66	7.00		reas paper
A Down T-form	10				\$. /
4. Payee Infor				Add	Remove		STATE OF STA
	ling Address & Phone			b. Coordinat	ed Committee N	lame	d. Comments
(include city, sta	ite, & zip)						
Zoom							4
20000					stered (Specify)		
				Federal	Cour	ity:	
				State	Muni	cipality:	e. Election Sum to Date
f. Account Code	I m	I					\$ 14.99 I
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. l	Required Remarks
1945	debit land	IK	2M	ty 22	\$ 14.99	l c.	description
				1	0	100	uesc p revi
A Down Info					Э		
4. Payee Inform					Remove		
	ing Address & Phone			b. Coordinate	d Committee N	ame	d. Comments
(include city, star							
Canad	C. Lu						
Covie	Cay			Second .	tered (Specify)		
\ 1	C^{\prime}			Federal	Count	y:	
Winton-	City Salom, NC	27101		State	☐ Munic	ipality:	e. Election Sum to Date
	`/						\$ 11 91
. Account Code	g. Form of Payment	h. Purpose Code	i Det 1	1774			\$ 11.36
					j. Amount	k.R	equired Remarks
1945	debit and	\mathcal{D}	2 M	ty 22	\$ 11.36	for	24
				1	\$	140	7.0
. Total only thi	s Page	Windson Wileyo	MELONA		Verilla pomilia de		
			STATE OF			1016	\$ 27.35
	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sumi	mary Page CRO-110	0 if Opera	ating Expenses)		6/5-5 00
(Inis line goes in l	line 13b of Detailed Sumi	nary Page CRO-110	0 if Cont	rih to Candidat	os/Political Com	m)	\$1553.99
(1 nis line goes in l	line 13c of Detailed Sumi	nary Page CRO-110	0 if Coore	linated Party E	(xpenditures)		
. Purpose Co	des (List detailed e	expenditure code	in (h.) a	bove)		A ROLL	STATUTES EXPERIENCE
* - Media	B* - Printin	g	C* - Fn	ndraising	D _ Т	Anot	ner Candidate
- Salaries	F* - Equipm	ent	G - Poli	tical Party			g Public Office Expenses
 Postage 	J - Penalties			fice Expense		Jones.	on to Legal Expense Fund
)* Other	,			-	Q' • 1	vudti	on to Legal Expense Fund
Codes require	detailed explanation	n in required re	marks	ield (k)		41.30	
RO-1310							

Amendment Yes Yes ☐ No

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 Fu	nd if applicable		I KENNEKA		Services.	2. ID Number
Committee	to Elect Rube	111.	apizz	to WS	FCS Shod	Bu	L. I. Number
3. Type of Dis	The state of the s	se use separate C	HO-131			sburse	ement)
Operating Ex	cpenses Z Co	ontributions to Candi	dates/Poli	tical Committee			ted Party Expenditures
4. Payee Infor				Add	Remove	112	
	Mailing Address & P	hone		b. Coordina	ted Committee Na	me	d. Comments
(include city, stat							
NC Phy	Side I	Iro. 1.		-			
	SICIONO FOR	receden		C. Level Reg	istered (Specify)		
4)8060	C/. NO	27111		State	County: Municip		e. Election Sum to Date
or water	Sicions For Salem, No	27100			I-I Widthei	рангу.	e. Election Sum to Date
							\$ 533, 70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. R	equired Remarks
1945	debit land		26 A	APR 22	\$ 533.76	1/5	nation
			,,,		\$	100	Marion
4. Payee Inform	mation			Add	Remove		
	ling Address & Phone				ed Committee Nam	e I	d. Comments
(include city, sta	ate, & zip)						a. Comments
					stered (Specify)		
				Federal C	County:		
				State	Municip	ality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
					\$	120	denor retuin 12
			_		•	-	
A Down T. C					\$		
4. Payee Inform					Remove		Resident Control
include city, state	ing Address & Phone			b. Coordinate	d Committee Name	e d	l. Comments
(menade city) Bitte	и, и ыр)						
				c Level Degis	tered (Specify)	_	
				Federal	County:		
				State	Municipa	lity: e	Election Sum to Date
Account Code	- Frances	1 70 6 3					\$
riccount Code	g. Form of Payment	h. Purpose Code	i. Date (n		. Amount	k. Req	uired Remarks
					\$		
				5	6		
. Total only thi	is Page		S. L. S. T.	100		1811	1 1 2 7 7 -
. Total of ALL	CRO-1310 Pages					-	533,70 533,70
	line 13a of Detailed Sum	marv Page CRO-110	n if Oper	ting Evnenges			
(This line goes in I	line 13b of Detailed Sum	mary Page CRO-110	0 if Contr	ib to Candidata	es/Political Comm	- 3	5 5 33, 70
(This line goes in	line 13c of Detailed Sumi	nary Page CRO-110	0 if Coord	linated Party E	xpenditures)		
. Purpose Co	des (List detailed	expenditure code	in (h.) a	bove)		1000	
* - Media	B* - Printin			ndraising	D - To A	nothe	r Candidate
- Salaries	F* - Equipn	ent	G - Polit	ical Party	H* - Ho		Public Office Expenses
- Postage	J - Penaltie	s]	K* - Of	fice Expense	es Q* - Doi	natior	to Legal Expense Fund
* Other	detailed						J 1
RO-1310	detailed explanation			ield (k)	NEST SERVICE		

Use this form to report non-monetary contributions, donations, go	ods or services pro		Yes No
ese exe-1213 if in-Killu Columbutions were or will be refu	anded within 7 da	ays.	ntee of fund.
1. Committee Full Name (and Fund if applicable)			2. ID Number
Committee to Elect Repet Navio Capizza to	WSFCS C.	had Board	1
3. Contributor Information	- House	move	
a. Full Name, Mailing Address & Phone	b. Type of Contr	ibutor	c. Comments
(include city, state, & zip)	Individual		
Kobert N. Capiez.	Candidate		
2419 Role Road	Party PAC		
3917, 1010 10014	Referendum		d. Election Sum to Date
Robert N. Capiez: 3419 Polo Road Winotm-Salem, NC 27106	Other Receip	t Source	\$ //900
e. Description		f. Date (mm/dd/yy	yy) g. Fair Market Amount
Film In			ia vocav
The Tee		4MAR 22	\$ /1906
			\$
2 Contail day I C			\$
3. Contributor Information a. Full Name, Mailing Address & Phone		nove	
(include city, state, & zip)	b. Type of Contril	outor	c. Comments
11.00	Individual		
	Candidate Party		
	PAC	J.	
	Referendum		Al William Africa
	Other Receipt	Source	d. Election Sum to Date
e. Description			\$
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information a. Full Name, Mailing Address & Phone	Add Rem	ove	
(include city, state, & zip)	b. Type of Contribu	itor (c. Comments
(Individual Candidate		
	Party PAC	1	
	Referendum	F-	
	Other Receipt S	Ource	. Election Sum to Date
. Description	- Outer Receipt S	ource	\$
· DOSCIPION	f.	Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$ 1/900
. Total only this Page			\$ 4
. Total of ALL CRO-1510 Pages			
(This line must be on line 17 of Detailed Summary Page CRO-1100)			11900

In-Kind Contributions