Disclosure Report Cover
 Image: Sector Se Do not use this form to update information.

1. Committee In	formation									
a. Full Name								c. ID Number		
ELROD COMMITTEE								8CQIU1		
b. Mailing Address (include City, State and Zip Code)								d. Date Filed		
1004 GLEN DAY DR										
CLEMMONS, NC 27012							07/05/2022			
								e. Phone Number		
2 Portert Verse 2 Particul Stand Data (111) 4 D 4 10 10 10 10 10 10 10 10 10 10 10 10 10								336 778 1803		
2. Report Year 3. Period Start Date (mm/dd/y				yy) 4. Period End Date (mm/dd/yy) 5. Treas			5. Treasur	urer Full Name		
2022 05/01/2022			06/30/2022 STANLI					Y M ELROD		
6. Type of Committee (Check One)				e of Repor	t (cł	heck only one	type of repo	ort from one category)		
	X Candidate Campaign 🔲 Party		Munic			State/County		Referendum		
Joint Fundrais				Organizatio		Organizatio	nal	Organizational		
Referendum		gal Expense Fund		Thirty-five		Quarterly		Pre-referendum		
7. Type of Fund		le, check one)		Pre-primar		First		🔲 Final		
Booster Fund	["			Pre-electio	n	Second		Supplemental Final		
Building Fund				Pre-runoff	- 1	🔲 Third		Annual		
	lection Year Can			Semi-annua	d	Fourth		Special		
NC Public Can	npaign Financing	g Fund		Mid Ye		Semi-annual				
				Year E	nd	Mid Ye	ar	10. Special Report Name		
Other:				Final]	Year Er				
8. Number of Fu	ndraisers this	s Report		Special		🔲 Final				
	0					Special				
3. Account Infor						ount Informati		6		
a. Financial Insti	tution Full Na	me	a. Financial Institution Full Nation			n Full Name	e 70 🔊 🖂			
TRUIST										
b. Purpose		c. Account Code	e		b. Purp	ose		c. Account Code		
ELECTION CA	MPAIGN	C	001					تشري		
		d. Period Begin	Balan	ce				d. Period Begin Balance		
		\$	2	4,411.59				\$ 3		
CERTIFICATIO	N									
Chapter 163 of	the NC Gener	al Statutes and	that no	funds are	commin	gled with proh	ibited or ot	A, 22B & 22D-22M of her non-disclosed		
funds. I furthe	er certify that t	his report is cor	nplete,	true and go	orrect ar	nd that I have l	been trained	i by the NC State Board		
				KI	1	10 80	\bigcirc			
Pr	M. E	1 rod	1	ST	mle	ma		07/05/2022		
FOR OFFICE US			-	• សព្វារ	ature of 7	ppointed Treasu	ırer	Date		
							Dalia	un Mathad		
Date Receive	d:		Employee:					very Method Normal Mail		
Date Postmar	·ked·			121				Registered Mail		
Dute I Ostiliai				Employ	/ee:			Hand Delivered		
Date Scanned	1:		-	Employ	yee:			Electronically Filed		
Date Data Entered:				Employee:				Signer has not received		
Please Note	This form ca	annot be used to) amenu	1 committe	e inform	nation such as	the committee	nandatory 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.										
Ye	u must amend	the Statement	ofOrer	nization //	10 110 OT		nitormation	1. _ h		
CRO-1000		and a second of the second of	NC S	tate Board o	f Electio	ns	committee	December 2007		

Detailed Summary

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 ELROD COMMITTEE 2022 Second Quarter 8CQIU1 Total this Total this Start of Election Cycle: January 1, 2022 **Reporting Period Election Cycle** 4) Cash on Hand at Start \$ 24,411.59 \$ 0.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 0.00 \$ 125.00 6) Contributions from Individuals (CRO-1210) \$ 6,600.00 \$ 32.369.00 7) Contributions from Political Party Committees (CRO-1220) \$ \$ 0.00 0.00 8) Contributions from Other Political Committees (CRO-1230) \$ \$ 0.00 2,000.00 9) Loan Proceeds (CRO-1410) \$ \$ 0.00 0.00 0) Refunds/Reimbursements to the Committee (CRO-1240) \$ 0.00 \$ 0.00 1) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ \$ 0.00 0.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 0.00 0.00 11c) Outside Sources of Income (CRO-1250) \$ \$ 0.00 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0.00 \$ 0.00 11e) Exempt Purchase Price Sales \$ (CRO-1265) \$ 0.00 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) \$ 6,600,00 \$ 34,494.00 EXPENDITURES 3) Disbursements **13a)** Operating Expenditures (CRO-1310) \$ \$ 9,763,49 13,126.90 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 0.00 0.00 5) Loan Repayments (CRO-1420) \$ \$ 0.00 0.00 6) Refunds/Reimbursements from the Committee (CRO-1320) \$ \$ 0.00 0.00 17) In-Kind Contributions (CRO-1510) \$ \$ 0.00 119.00 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 9,763.49 13,245.90 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ \$ 21,248.10 21,248.10 ADDITIONAL INFORMATION 0) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 0.00 1) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 0.00 2) Debts and Obligations owed by the Committee (CRO-1610) \$ 0.00 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 0.00 24) Account Transfers Within the Committee (CRO-1720) \$ 0.00 25) Administrative Support (CRO-1710) \$ 0.00 \$ 0.00 **26)** Forgiven Loans (CRO-1440) \$ 0.00 \$ 0.00 27) 48-Hour Notice Reports Sum (CRO-2220) \$ 0.00 \$ 0.00 28) Contributions to be Refunded (CRO-1215) \$ 0.00 \$ 0.00

COL	Contributions from Individuals Pg of Mendment Yes X 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)							umber		
ELROD COMMITTEE									
			8CQIU1						
3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession									
	ude city, state, & z			b. Job Title/P	rofession	d. Comments			
STEPHEN POND				l l.I					
16 GRAYLYN PLACE CT				c. Employer's	Name/Specific Field	-			
	TON-SALEM, N				rumenspecific field	e. Election Sum to Date			
1	; - ·	/		Hillson	ask Limited				
f. Prior	g. Account Code	h Form of Deserves at	1 1 12 1 1		1	.,			
	001	h. Form of Payment Credit Card	i. In-Kind Des	scription j. Date (mm/dd/yyyy) k. A	mount		
	001	Citati Cara			05/09/2022	\$	1,000.00		
						\$			
						\$			
	ributor Informati			Add 🛛 Re	move				
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/Pr		d. Comments			
l (inclu	ıde city, state, & z	ip)							
				0					
JOHN	C WHITAKER J	R		Busin	ess Executive				
JOHN 19 GR	C WHITAKER J AYLYN PLACE	R CT		Busin c. Employer's	ess Executive Name/Specific Field				
JOHN 19 GR	C WHITAKER J	R CT		Busin c. Employer's	ess Executive Name/Specific Field	e Flecti	on Sum to Data		
JOHN 19 GR	C WHITAKER J AYLYN PLACE	R CT		c. Employer's	ess Executive Name/Specific Field Self		on Sum to Date		
JOHN 19 GRA WINST	C WHITAKER J AYLYN PLACE FON-SALEM, NO	R CT C 27106		c. Employer's	Name/Specific Field	e. Electio	on Sum to Date 5,600.00		
JOHN 19 GRA WINST	C WHITAKER J AYLYN PLACE FON-SALEM, NG g. Account Code	R CT C 27106 h. Form of Payment	i. In-Kind Desc	c. Employer's	Name/Specific Field	\$			
JOHN 19 GRA WINST	C WHITAKER J AYLYN PLACE FON-SALEM, NO	R CT C 27106	i. In-Kind Desc	c. Employer's	Name/Specific Field	\$	5,600.00		
JOHN 19 GRA WINST f. Prior	C WHITAKER J AYLYN PLACE FON-SALEM, NG g. Account Code	R CT C 27106 h. Form of Payment	i. In-Kind Desc	c. Employer's	Name/Specific Field	\$ k. A	5,600.00 mount		
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JOHN 19 GR. WINST f. Prior D 4. Tota 5. Tota	C WHITAKER J AYLYN PLACE FON-SALEM, NG g. Account Code 001 al only this Par al of ALL, CR (line must be on line	R CT C 27106 h. Form of Payment Check		c. Employer's	Name/Specific Field	\$ k. Ai S S S S	5,600.00 mount 5,600.00		

Amendment

Disbursements

Pg <u>1</u> of <u>3</u> **V**es

Amendment 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 Full Name (and Fund if applicable)								2. ID Number		
ELROD COMMITTEE								IU1		
3. Type of Disb		use separate CR(Disbur	seme			
Operating Ex	penses 🔲 Cont	ributions to Candida	tes/Polit	ical Committees		Coo	rdinat	ed Party Expe	nditures	
4. Payee Inform				Add 🗖	Remove					
	ailing Address & Ph	one		b. Coordinate	d Commit	tee Na	me	d. Comment	ts	
(include city, sta	ate, & zip)									
ANEDOT ONI	LINE FEES									
NC				c. Level Regis						
				Federal		ounty:				
				State Municipality:				e. Election S	um to Date	
							\$	40.30		
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoun	t	k. Re	quired Rema	rks	
001	Electric Funds Tran	К	0:	5/09/2022	\$ 40.30			DOT ON LI	NE FEES	
					\$					
4. Payee Inform				Add 🗖	Remove					
	ailing Address & Ph	one		b. Coordinate	d Committ	tee Na	me	d. Comment	s	
(include city, sta										
	OUSE STRATEGIE	S, LLC								
1149 EXECUT				c. Level Registered (Specify)						
CARY, NC 27	511			Federal County:				77 11 0		
				State	IM	unicipa	uity:	e. Election S	um to Date	
								\$	5,256.43	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	1	k. Re	quired Rema	rks	
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4. Payee Inform	ation			A 1.1 PM						
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(include city, sta	•	JIC		b. Coordinate	u committ	ee mar	ne	d. Comment	S	
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KERNERSVIL			1	Federal County:						
	22,110 27200			State	1.1 - 1.2 ·		lity:	e. Dection St	um to Date	
			1					\$		
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001	Check							uired Rema		
	Спеск	A	05	/23/2022	\$ 650	0.00	NEW	SPAPER A	D	
					\$					
5. Total only thi	s Page							\$	5,946.73	
6. Total of ALL	CRO-1310 Pages						ł			
(This line goes i	n line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Expen	ises)			.		
(This line goes i	n line 13b of Detailed S	ummary Page CRO-	1100 if	Contrib to Cand	idates/Politie	cal Cor	nm)	\$	9,763.49	
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 if (Coordinated Par	ty Expenditi	ures)				
7. Purpose Co	des (List detailed	expenditure code :	in (h.) a	bove)						
A* - Media	B* - Printin			Indraising	D -	- To A	noth	er Candidate		
E - Salaries	F* - Equipme	ent		0				Public Offic		
I - Postage	J - Penalties			ffice Expenses	0*	* - Dor	natio	to Legal Ex	pense Fund	
O* Other				_	-					
T Codes require	e detailed explanation									
CRO-1310		NC St	ate Boar	d of Elections				Г	ecember 2009	

Disbursements

Amendment Pg _____ of _____ Yes X No

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

And and a second s	ull Name (and Fund							2. ID Numbe		
1. Committee Full Name (and Fund if applicable) ELROD COMMITTEE								2. ID Number		
								869:	IU1	
3. Type of Disbu		use separate CR(
Operating Ex		ributions to Candidat			_	_	ordinat	ed Party Expen	ditures	
4. Payee Inform				Add 🔲	Remov					
	ailing Address & Ph	one		b. Coordinated Committee Name				d. Comments	l	
(include city, sta										
CHARLIE N G										
303 SOUTH BROAD STREET				c. Level Registered (Specify) Federal County:				-		
WINSTON-SALEM, NC 27101				State Municipality:					D. I	
				L State		wunen	anty:	e. Dection St	Im to Date	
								\$	3,737.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vvvv)	i. Amo	unt	k. Re	quired Rema	ks	
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					\$					
4. Payee Inform				Add 🗖	Remov	e				
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Comn	nittee Na	ame	d. Comments		
(include city, sta	te, & zip)									
ANGIE SAMS										
8100 SLANE C				c. Level Regis	tered (S					
CLEMMONS,	NC 27012			Federal		County:				
				State		Municip	ality:	e. Election Su	m to Date	
								\$	40.65	
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(include city, sta	te, & zip)									
TRUIST				c. Level Registered (Specify)						
NC										
				Federal County				e. Election Su		
				State	ابسا	wunterp	anty:	e. Election Su	m to Date	
								\$	39.11	
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	odes (List detailed				ly Expen	unures)				
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O* Other	g renattle	,	4X * U	mee Expenses	•	A. • D(лано	n to Legar Ex	pense rund	
	e detailed explanation	n in required rem	arks fi	eld (k)						
CRO-1310				rd of Elections				D	ecember 2009	

Disbursements

Amendment Pg <u>3</u> of <u>3</u> 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	III Nome (and Fund	if om lieshle)				-	_	1	-
1. Committee Full Name (and Fund if applicable) ELROD COMMITTEE							2. ID Number		
								800	IU1
3. Type of Disb		use separate CR(7-1310	forms for eac	h type	of Disbu	rseme	nt.)	
Operating Ex	penses 🔲 Cont	ributions to Candidat	tes/Polit	ical Committees					penditures
4. Payee Inform	ation			Add 🔲	Rem		_		
a. Full Name, M	ailing Address & Ph	one		b. Coordinate			ame	d. Comm	ents
(include city, sta									
TRUIST				1					
NC				c. Level Regis	tered	(Specify)	_		
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				State		Municip	ality:	e. Eectio	n Sum to Date
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								\$	39.11
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
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5. Total only thi	s Page						ĺ	\$	3.00
6. Total of ALL	CRO-1310 Pages								
(This line goes i	n line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Expe	uses)			+	
(This line goes is	n line 13b of Detailed S	ummary Page CRO-	1100 if	Contrib to Cand	idates/i	Political C	omm)	\$	9,763.49
(This line goes in	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Par	ty Exp	enditures)	,		
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	ibove)					
A* - Media	B* - Printin	g	C* - F	undraising		D - To	Anoth	er Candio	ate
E - Salaries							ng Public Office Expenses		
I - Postage	J - Penalties	5	K* - O	ffice Expenses		Q* - Do	onatio	n to Lega	Expense Fund
O* Other	-			-		-			Free contraction of the second s
* Codes require	e detailed explanation								
CRO-1310		NC St	ate Boa	rd of Elections					December 2009