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									
					i e	1 A A			
Committee of Tabitha Hadrett					/	1CQTS6			
b. Mailing Address (include City, State and Zip Code)					d	. Date Filed			
2122 MorningStar Un Winston Salum, NC 27107							1,	2/06/2021	
Millson, sam	n, 146 27107						e.	Phone Number	
(334)695-6130									
2. Report Year 3. Period Start Date (mm/d		dd/yy) 4. Period End Da (mm/dd/yy)		ite	5. Treasurer Full				
2022 5/	01/22	06/30/22			Tabitha Chrystal Hack et		Stal Hack of		
6. Type of Committee (Check One)	9. Typ	e of Report	(0	heck on	ly one type of repe	port from one category)		
Candidate Campaign	Party	Munici	pal		State/C			eferendum	
□ PAC	Referendum		Organization	al		Organizational		Organizational	
Independent Expenditure Legal Expense Fund	☐ Joint Fundraiser		Thirty-five da	ay	(Quarterly		Pre-referendum	
	applicable, check one)	-	Pre-primary			First	_	7 551	
"Booster Fund"	аррисион, спеск онеј	H	Pre-election		lΗ	Second	-	Final Supplemental Final	
Building Fund			Pre-runoff			Third		Annual	
			Semi-annual			Fourth		Special	
_			Mid Yea	r	5	Semi-annual			
Other:			Year End	d		Mid Year	10	0. Special Report Name	
8. Number of Fundraise	ere this Danart		Final Special			Year End Final			
GITTURDET OF FURNITARISE	as ans Report		Special						
11. Account Informatio	n			11 A		Special nformation			
a. Financial Institution Full N				-		itution Full Name			
Winston Solim F	ederal Credit L	nin	,					A second	
b. Purpose	c. Account Code			b. Pur	ose			c. Account Code	
Campaign close out for receipts	8229	8229							
out torreceipe	d. Period Begin Balance						- 1	d. Period Begin Balance	
and expenditures	s /2 //	\$ 12 11						s on	
CEDTIFICATION	1 /0.//						П,		
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 Precions.									
Tabilla C Hack, H									
Printed Name of Signer Signature of Appointed Treasurer Date									
FOR OFFICE USE ONLY									
Date Received:			Employee:				Deliv	very Method Normal Mail	
Date Postmarked: Employee: Registered Mail					Registered Mail				
Date Scanned: Employee: Hand Delivered Electronically Filed					Electronically Filed				
□ Signer has not rec				Signer has not received					
Date Data Entered:			Employee:					mandatory training	
Please Note: This for	m cannot be used to am	end com	mittee infor	mation	such as t	the committee add	lress, ti	reasurer, assistant treasurer,	

CRO-1000

custodian of books information, or account information.

Amendment

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

,			
Ame	ndment	./	
	Yes	M	No
		Λ	

1. Committee Full Name (and Fund if applicable) 2. T		3. ID Number			
Committee of Tabitha Hadut ICQTSLO					
Start of Election Cycle: January 1,	222	Total this	Total this		
4) Cash on Hand at Start		Reporting Period	Election Cycle		
RECEIPTS	Jul - 3 - 6	.311	151911		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$		
6) Contributions from Individuals	(CRO-1210)	s 28, 89	\$ 28.89		
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)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11a	land 11e)	\$ 28.89	\$ 28.89		
EXPENDITURES					
13) Disbursements		110			
13a) Operating Expenditures	(CRO-1310)	\$ 42.00	\$ 42.00		
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	(CRO-1510)	\$	\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16a		\$ 42.00	\$ 42.00		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract l	\$ Ø	\$ 8			
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
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)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

		rom Individu		Pg	of	L	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)				1		2.	ID Number
C	<u>əmmi #</u>	er of Ta	bitto 1-10	ckett		1	CQTS6
3. Contributor Information							
	Name, Mailing Addi			b. Job Title/Profe		d. C	Comments
(inciu	de city, state, & zip	akett nostarln mucanion		HOCOUNTS PAYABL			andidati
ak	HILL HA	200 to 10		c. Employer's Name/Specific Field			
\mathcal{L}	SI NOWI	19 IW UT					
WIN	570n-Jau	mucanion	1	modern Automotive			lection Sum to Date
							28 <i>A</i>
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri		j. Date (mm/dd/yy	yy)	k. Amount
	8229	Scapt	money t	on photo	05/03/30	3 2	\$ 28.89
			00.	0			\$
							\$
3. Con	tributør Inform	ation		Add Rei	nove		
	ame, Mailing Addr			b. Job Title/Profes	ssion	d. C	omments
(includ	le city, state, & zip)						
				c. Employer's Nan	no/Cnocific Field	-	
				c. Employer s ran	ne/Specific Fleid		
						e. El	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	/y)	k. Amount
							\$
							\$
							\$
3. Contributor Information Add Remove							
	ame, Mailing Addr	ess & Phone		b. Job Title/Profes	sion	d. Co	omments
(includ	e city, state, & zip)						
				c. Employer's Nam	ne/Specific Field		
						e. Ele	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) [k. Amount
							\$
						7	\$
						\forall	\$
4. Total only this Page				\$_	18 09		
5. Total of ALL CRO-1210 Pages				Ψ.С	X0.0 /		
(This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	28.89	

Disbursements	Pg of	Amendment Yes No			
Use this form to report expenditures from the committee for a	operating expenses, contribution	ns to candidate/political			
committees and coordinated party expenditures		1 /			
1. Committee Full Name (and Fund if applicable)		2. ID Number			
Committy of tabitha Hack	ed	1COTS6			
3. Type of Disbursement (Please use separate CRO-131)	forms for each type of Disbu	rsement,)			
Operating Expenses Contributions to Candidates/Politi		inated Party Expenditures			
4. Payee Information	Add Remove	Tary Experience			
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name	d. Comments			
(include city, state, & zip)		1.05			
		Website			
Wind Francois alva landox	c. Level Registered (Specify)	-			
1500 Jerry 1 10 10 13 15 10 4 10 10	Federal County:				
Wix. COM 500 Tempa Francois Blvd Whylour Francisco CA 94158	State Municipalit	y: e. Election Sum to Date			
Mancisco CH 99100		\$ 42.00			
		\$ 40,W			
f. Account Code g. Form of Payment h. Purpose Code i. Date	mm/dd/yyyy) j. Amount k.	. Required Remarks			
18229 Dall LA 1051	08/2020 \$ 30.00 1	lobeito Fer			
8229 1201 4 00/0	1/2000 1/2000 h	20 1 1 2 1 1 2 2000			
000 11/09 11	1909 1900 1	10. Les for contribution Diccess			
4. Payee Information	Add Remove				
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name	d. Comments			
(include city, state, & zip)					
	c. Level Registered (Specify) Federal County: State Municipality	y: e. Election Sum to Date			
		\$			
f. Account Code g. Form of Payment h. Purpose Code i. Date (1	nm/dd/yyyy) j. Amount k.	Required Remarks			
	\$				
	\$				
4. Payee Information	Add Remove				
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name	d. Comments			
(include city, state, & zip)					
	c. Level Registered (Specify)				
	Federal County:				
	State Municipality	e. Election Sum to Date			
		\$			
f. Account Code g. Form of Payment h. Purpose Code i. Date (r	nm/dd/yyyy) j. Amount k.	Required Remarks			
	\$				
	\$				
Total cult this Day	Ψ	1/200			
5. Total only this Page		\$ 42.00			
6. Total of ALL CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Open	ating Expenses)	s /			
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coor		14.00			
7. Purpose Codes (List detailed expenditure code in (h.)	above)				
A^* - Media B^* - Printing C^* - Fu		other Candidate			
	O	ing Public Office Expenses			
	-	ation to Legal Expense Fund			
O* Other		To began Expense Fund			
* Codes require detailed explanation in required remarks	field (k)				



P.O. Box 1770-Clemmons, NC 27012-1770

Campaign Finance Markager Forsyth County Board of Elections 201 N. Chesthut St.



27101-412001