

Disclosure Report Cover

Amendment

☐ Yes☒ No

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 Deanna Kaplan 4 School Board		c. ID Number 0CQ6LQ													
b. Mailing Address (include City, State and Zip Code) 2521 Greenbrier Rd Winston-Salem, NC, 27104		d. Date Filed 11/01/2022													
		e. Phone Number													
2. Report Year 2022	3. Period Start Date (mm/dd/yy) 07/01/2022	4. Period End Date (mm/dd/yy) 10/22/2022	5. Treasurer Full Name Katherine Kaplan												
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		9. Type of Report (check only one type of report from one category) <table border="1"><thead><tr><th>Municipal</th><th>State/County</th><th>Referendum</th></tr></thead><tbody><tr><td><input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special</td><td><input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special</td><td><input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special</td></tr></tbody></table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special						
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7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other		10. Special Report Name													
8. Number of Fundraisers this Report 1															
11. Account Information		11. Account Information													
a. Financial Institution Full Name Truist		a. Financial Institution Full Name													
b. Purpose Campaign Reporting Activity	c. Account Code 1	b. Purpose	c. Account Code												
	d. Period Begin Balance \$385.44		d. Period Begin Balance \$0												
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. <table border="0"><tr><td><u>KATHERINE KAPLAN</u> Printed Name of Signer</td><td><u>Katherine Kaplan</u> Signature of Appointed Treasurer</td><td><u>11/01/2022</u> Date</td></tr></table>				<u>KATHERINE KAPLAN</u> Printed Name of Signer	<u>Katherine Kaplan</u> Signature of Appointed Treasurer	<u>11/01/2022</u> Date									
<u>KATHERINE KAPLAN</u> Printed Name of Signer	<u>Katherine Kaplan</u> Signature of Appointed Treasurer	<u>11/01/2022</u> Date													
FOR OFFICE USE ONLY <table border="0"><tr><td>Date Received: _____</td><td>Employee: _____</td><td>Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training</td></tr><tr><td>Date Postmarked: _____</td><td>Employee: _____</td><td></td></tr><tr><td>Date Scanned: _____</td><td>Employee: _____</td><td></td></tr><tr><td>Date Data Entered: _____</td><td>Employee: _____</td><td></td></tr></table>				Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	Date Postmarked: _____	Employee: _____		Date Scanned: _____	Employee: _____		Date Data Entered: _____	Employee: _____	
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Date Postmarked: _____	Employee: _____														
Date Scanned: _____	Employee: _____														
Date Data Entered: _____	Employee: _____														
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.															

FORSTYTH COUNTY
BOARD OF ELECTIONS
2022 NOV -3 AM 10:27
RECEIVED

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	
Deanna Kaplan 4 School Board		Third Quarter Plus		OCQ6LQ	
Start of Election Cycle: January 1, <u>2019</u>			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$385.44		\$385.44
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$2,171.99	\$2,171.99	
6) Contributions from Individuals		(CRO-1210)	\$10,783.33	\$10,783.33	
7) Contributions from Political Party Committees		(CRO-1220)	\$0	\$0	
8) Contributions from Other Political Committees		(CRO-1230)	\$268.05	\$268.05	
9) Loan Proceeds		(CRO-1410)	\$0	\$0	
10) Refunds/Reimbursements to the Committee		(CRO-1240)	\$0	\$0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)	\$0	\$0	
11b) Contributions from Not-For-Profit Organizations		(CRO-1250)	\$0	\$0	
11c) Outside Sources of Income		(CRO-1250)	\$0	\$0	
11d) Legal Expense Fund - Other Sources		(CRO-1270)	\$0	\$0	
11e) Exempt Purchase Price Sales		(CRO-1265)	\$0	\$0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$13,223.37	\$13,223.37	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$7,874.14	\$7,874.14	
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$0	\$0	
13c) Coordinated Party Expenditures		(CRO-1310)	\$90.00	\$90.00	
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$0	\$0	
15) Loan Repayments		(CRO-1420)	\$0	\$0	
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$0	\$0	
17) In-Kind Contributions		(CRO-1510)	\$0	\$0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$7,964.14	\$7,964.14	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$5,644.67	\$5,644.67	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$0		
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$0		
22) Debts and Obligations owed by the Committee		(CRO-1610)	\$0		
23) Debts and Obligations owed to the Committee		(CRO-1620)	\$0		
24) Account Transfers Within the Committee		(CRO-1720)	\$0		
25) Administrative Support		(CRO-1710)	\$0	\$0	
26) Forgiven Loans		(CRO-1440)	\$0	\$0	
27) 48-Hour Notice Reports Sum		(CRO-2220)	\$0	\$0	
28) Contributions to be Refunded		(CRO-1215)	\$0	\$0	

CRO-1100

NC State Board of Elections

August 2008

FORSYTH COUNTY BOARD OF ELECTIONS

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2019 NOV -3 11:10:27