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

| Amen | dment |    |
|------|-------|----|
|      |       |    |
|      | Ves   | No |

| 1. Committee Full Name (and Fund if applicable) 2. T  |            |                             | 3. ID Number              |
|---|------------|-----------------------------|---------------------------|
| Yvonne Williams Committee for WEIFC Board of Education  | 154 9      | Total this Reporting Period | 88 - 1142790              |
| Start of Election Cycle: January 1,   | 2022       | Total this Reporting Period | Total this Election Cycle |
| 4) Cash off Hand at Start   |            | \$ Ø                        | \$                        |
| RECEIPTS  |            | STATE OF STREET             |                           |
| 5) Aggregated Contributions from Individuals  | (CRO-1205) | \$ 320.00                   | \$                        |
| 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) | \$ 1311. 84                 | <b>/</b> \$               |
| 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, 11d a   | and 11e)   | \$ 2991.91                  | 6 8 8 9 7                 |
| EXPENDITURES  |            |                             |                           |
| 13) Disbursements   |            |                             | 1 0 23                    |
| 13a) Operating Expenditures   | (CRO-1310) | \$ 1311.84                  | / ** \$                   |
| 13b) Contributions to Candidates/Political Committees   | (CRO-1310) | \$                          | T                         |
| 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) | \$ 310.12                   | \$                        |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 am  | d 17)      | \$ 1621.96                  |                           |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line  | e 18)      | \$ 1370.00                  | \$                        |
| ADDITIONAL INFORMATION  | FARIT      |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees  | (CRO-1330) | \$                          |                           |
| 21) Outstanding Loans (incl. ones from other campaigns)   | (CRO-1430) | \$ 1311.84                  | THE WAY BUILDING          |
| <ul> <li>Outstanding Loans (incl. ones from other campaigns)</li> <li>Debts and Obligations owed By the Committee</li> <li>Debts and Obligations owed To the Committee</li> </ul> | (CRO-1610) | \$                          |                           |
| 23) Debts and Obligations owed To the Committee   | (CRO-1620) | \$                          | STA ETA STA               |
| 24) Account Transfers Within the Committee  | (CRO-1720) | \$                          | N SERVICE REPORT          |
| 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) | \$                          | \$                        |
| CRO-1100 NC State Board of Elections  |            |                             |                           |

| C        | ontribution                               | 1s from Indivi   | duole  | 1                   |  | Amendment                   |
|----------|---|--|--|---------------------|--|-----------------------------|
| Us       | e this form to re                         | ns from Indivi   | ibutions over \$50   | LCOUNTY             | Pg 1 of  | Yes No CRO 1205 is not used |
| 1.3      | Committee Full                            | Name (and Fund i   | applicable)  | or contribution     | s under \$50 if form   | CRO 1205 is not used        |
| IX       | JOANE WI                                  | illiams Com  | 2022 MAY +2  | PH 2: 24            |  | 2. ID Number 88 - 1142190   |
|          |   |  | THE TO   | r WSFC Bo           | ard of Educat  | m 88-1142790                |
| a. F     | ull Name, Mailing                         | Address & Phone  |  | b. Job Title/       | Remove   | 进入发展 计分配值                   |
| (1)      | aclude city, state, &                     |  |  | T. V. 60°           | The state of the s | d. Comments                 |
| 1        |   | Fulton   |  |                     | tired  |                             |
| 1        | 380                                       | Knollwood  | od St.   | c. Employer         | s Name/Specific Field  |                             |
| 1        | 111:                                      | 5te. 610<br>n-5alem, N   | 10 2711  | 2 Re                | fired  | e Election Sum to Date:     |
|          |   |  | 7, 6 . 6 776   | 9                   |  | \$ 500.00                   |
| f. Pri   | g- 110cddir CO                            | de h. Form of Payme  | nt i. In-Kind Des  | cription            | L Date (mm/dd/s  | yyy) k Amount               |
| L        | 514                                       | Check  |  |                     |  |                             |
|          | (a) ====================================  |  |  |                     | 04/14/2  | \$ 500.00                   |
|          |   |  |  |                     |  | \$                          |
|          |   |  |  |                     |  | \$                          |
| 3. Ce    | ontributor Info                           | rmation  | 5.1 TR. 1 TO 12  | Add I               | Remove   | 3                           |
| (inc     | Name, Mailing Ad<br>lude city, state, & z | ldress & Phone   |  | b. Job Title/Pr     | ofession   | d. Comments : 12            |
|          |   |  | NA TELEVISION  |                     | ired   | ar Comments                 |
| 4        | Jonald                                    | Marti  |  | A Principal Company | lame/Specific Field  |                             |
| 6        | 0307                                      | Tobacco  | ville Rd   |                     | - copeanc ren  |                             |
|          | 10 bac                                    | coville, 1   | V, C.  | Rei                 | tired  | e. Election Sum to Date     |
| f. Prior | g. Account Code                           | h Form of D  |  |                     |  | \$ 250.00                   |
|          |   | or a dylineme  | i. In-Kind Descri  | ption               | j. Date (mm/dd/yyy   | y) k Amount                 |
|          | 514                                       | Check  |  |                     |  |                             |
|          |   |  |  |                     | 04/16/201  | \$ 250.00                   |
|          |   |  | +  |                     |  | \$                          |
| Can      | tuil- t                                   |  |  |                     |  | \$                          |
| . Full N | tributor Inform<br>Name, Mailing Add      | nation   |  |                     | meye July  |                             |
| (inclu   | de city, state, & zin                     | )  |  | b. Job Litle/Profe  | éssion d   | Comments C C 1000           |
|          | Matt                                      | hew Rigg.<br>05 Ashto<br>Boint, NO<br>27:  |  | Investm             | ent Counselor  | /                           |
|          | 440                                       | 05 ASH   | - Dake C+  | c. Employer's Na    |  |                             |
|          | High F                                    | COINT, NO  | 2  | Edw                 | ard Jones  |                             |
|          | /   | 27:  | 765-9230   |                     | e.   | Election Sum to Date        |
| Prior    | g. Account Code                           | h. Form of Payment   | i. In-Kind Descript  |                     |  | 100.00                      |
|          | 514                                       |  | - A Aind Descript  | ion                 | i. Date (mm/dd/yyyy)   | k Amount                    |
|          | 017                                       | Check  |  |                     | 04/09/202  | \$ 100.00                   |
|          |   |  |  |                     | 7-1  |                             |
|          |   |  |  |                     |  | Ψ                           |
| Tota     | only this Pa                              | age 11 to 11 |  | 0.95                |  | \$                          |
| Tota     | l of ALL CR                               | O-1210 Pages   | IN THE STATE OF TH |                     | \$   | 850,00                      |
| This lin | e must be on line 6                       | of Detailed Summary Pa   | rge CRO-1100   |                     | \$   | 1360.12                     |
| RO-12.   | 10  |  | NC State Board   | of Elections        |  | 1                           |
|          |   |  |  |                     |  |                             |

April 2007

| C        | ontribution            | s from Individ   | uals   | /TIL 001111   | - 0  | Amendment                    |
|----------|------------------------|--|--|---|--|------------------------------|
| Use      | this form to rep       | ort individual contribu  | itions over \$50 or a  | والمحاجب المسابلة للمختفدين   | Pg 2 of 3  | RO 1205 is not used          |
|          |                        | The state of the s | PARCEDICING  | CALL DATE OF THE PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED | SHOULD AND THE PROPERTY OF THE PERSONNEL PRO |                              |
| 3.0      | Contributor Info       | Illiams Comm   | ittec For W  | SFC Boar  | d of Education   | 2. ID Number<br>88 - 1142790 |
|          | ill Name, Mailing A    |  | IN THE PARTY OF TH | Add 1   | temove.  |                              |
| (in      | clude city, state, &   | zip)   |  | b. Job Title/Pr   | dession  | d. Comments                  |
|          | John                   | m. Goo   | 1sey   | Softu   |  |                              |
|          | Sherri                 | Davis Go   | dsely  | c. Employer's N   | ame/Specific Field   |                              |
| 1        | Stat                   | 71 Vance   | Kead   | Softu   | lare   | e. Election Sum to Date      |
| f. The   |                        | 197 Vance<br>tes ville, 1  | 625-9389   |   | Company  | \$ 100.00                    |
| f. Prio  | J. Account Cod         | le h. Form of Payment  | i, In-Kind Descript  | ion   | J. Date (mm/dd/yyy   | y) k Amount                  |
| L        | 514                    | Check  |  |   |  | 7.42                         |
|          |                        |  |  |   | 04/18/20   | 2\$100.00                    |
|          |                        |  | -  |   | 1  | \$                           |
| 3. Co    | ntributor Infor        | matta  |  |   |  | \$                           |
| a. Full  | Name, Mailing Add      | dress & Phone  | <b>[2]</b> /   | CHARGE THE PARTY OF THE PARTY.  |  | ALCOHOLD THE RESERVE         |
| (incl    | ude city, state, & zi  | p) .   |  | Reti  | ession   | Comments                     |
|          | Imou                   | gene Com   | er   | Ea  | lucator  |                              |
|          |                        | O Jay De   |  | Employer's Nai  | ne/Specific Field  | 1                            |
|          | Winston                | - Salem,   | N.C.   | Retin   | e.   | Election Sum to Date         |
| f. Prior |                        | 27107.   | -6010  |   |  | 100.00                       |
|          | B. Izecount Code       | a wyment   | i. In-Kind Description   | h in the  | j. Date (mm/dd/yyyy)   | k Amount **                  |
| _        | 514                    | Check  |  |   |  |                              |
|          |                        |  |  |   | U MA MARCA   | \$ 100.00                    |
|          |                        |  |  |   |  | \$                           |
| 3. Con   | tributor Inform        | ation  |  |   |  | \$                           |
| . Full N | ame, Mailing Addr      | ess & Phone  | L Ac   | ob Title/Profess  |  |                              |
| (includ  | le city, state, & zip) |  | 9,3  | - Time/Profess  | ion d. (   | Comments                     |
|          |                        |  | A 40   | the Late Charles Care Care  | ***************************************  |                              |
|          | t                      |  |  | mployer's Name  | /Specific Field  | (Amended)                    |
|          |                        | -  | l  |   | e. E   | lection Sum to Date          |
| Prior    | g. Account Code        |  |  |   | \$   |                              |
|          | e. vecount Code        | h. Form of Payment i   | In-Kind Description  | 1 Tu 1 #  | Date (mm/dd/yyyy)  | k. Amount                    |
|          |                        | <u> </u>   | -  |   |  | \$                           |
|          |                        |  | 9  |   | 7 /  |                              |
|          |                        |  |  |   |  | \$                           |
| Tota     | l only this Pa         | ge a light as the  | 17. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10   | ON THE PROPERTY OF  |  | \$                           |
| Tota     | of ALL CR              | 0-1210 Pages   | H C TO STATE   | A   | \$   | 200,003                      |
| This lin | e must be on line 6 o  | of Detailed Summary Page   | The second secon |   | \$   | 1360.12                      |
| ·U-141   | U                      |  | NC State Board of E  | lections  | The second second second second  |                              |

April 2007

| Co<br>Use | ntributions                                  | from Individu                        | ials                 | $\mathbf{P}_{\mathbf{i}}$ | g <u>3</u> of                         | 3 Amendment Yes No   |
|-----------|--|--------------------------------------|----------------------|---------------------------|---------------------------------------|--|
| 1. C      | ommittee Full N                              | Name (and Fund if a                  | tions over \$50 or   | r contributions und       | der \$50 if form                      | CRO 1205 is not used   |
|           |  |                                      |                      |                           |                                       | 2. ID Number   |
| 3. C      | ontributor Info                              | TIAMS COMMIS                         | ttee for Wa          |                           |                                       | in 88-114279   |
|           | ll Name, Mailing A                           |                                      |                      | Add Re                    |                                       |  |
| (inc      | clude city, state, & 2                       | zip)                                 |                      |                           |                                       | d. Comments  |
|           | Vuoni  | re Willia                            | am s                 | Retire                    |                                       |  |
|           | 80   | ne Willia<br>40 Duckvi<br>ston-Sales | ew C+                | c. Employer's Na          |                                       |  |
|           | Win  | ston- Sale                           | n. N.C               | Retro                     |                                       | a Plactice Court D   |
|           |  | 27106 - 3                            | 1603                 | Edu                       | cator                                 | e. Election Sum to Date \$ 3/0 \cdot /2  |
| f. Prio   | g. Account Cod                               | e h. Form of Payment                 | i. In-Kind Descr     | iption                    | j. Date (mm/dd/y                      |  |
|           | 514  | Credit                               | Office.              | Depot                     |                                       |  |
|           |  | Cord                                 | Campai               | an Supplies               | 03/18/2                               | \$ 84.37   |
|           | 5 14   | Card                                 | Campa                | Depot                     | 031 121                               | 244 \$ 225.75  |
|           |  |                                      |                      | YOU THIS                  | 783/                                  | \$   |
|           | ntributor Infor                              |                                      | 2                    | Add Ren                   | lova                                  | Ψ  |
|           | Name, Mailing Add                            |                                      |                      | b. Job Title/Profess      |                                       | d. Comments  |
| (incl     | ude city, state, & zij                       | p)                                   |                      | _                         | 4                                     | u. Comments  |
|           |  |                                      |                      |                           |                                       |  |
|           |  |                                      |                      | c. Employer's Nam         | e/Specific Field                      |  |
| 1         | 1  |                                      |                      |                           |                                       | e. Election Sum to Date  |
|           |  | *                                    |                      | 1                         |                                       |  |
| f. Prior  | g. Account Code                              | h. Form of Payment                   | i. In-Kind Descrip   | l<br>Otion i              | . Date (mm/dd/m                       | Asmended k. Amount   |
|           |  |                                      |                      | _                         | · · · · · · · · · · · · · · · · · · · |  |
|           | †  | +                                    | <u> </u>             |                           |                                       | \$   |
|           |  |                                      |                      |                           | / /                                   | \$   |
|           |  |                                      |                      |                           |                                       | \$   |
| 3. Con    | tributor Inform                              | ation                                |                      | Add Remo                  | ove                                   | T The second sec |
| a. Full N | lame, Mailing Addr<br>de city, state, & zip) | ess & Phone                          |                      | b. Job Title/Profession   | on                                    | d. Comments  |
| (Allertit | ac city, state, & zip)                       |                                      |                      |                           |                                       |  |
|           |  | -                                    | _                    | c. Employer's Name/       | Specific Field                        | -  |
|           |  |                                      | İ                    | - Projet Straine          | Specific Fleid                        |  |
|           |  | _                                    |                      | •                         |                                       | e. Election Sum to Date  |
|           |  | _                                    |                      |                           | ĺ                                     | \$   |
| f. Prior  | g. Account Code                              | h. Form of Payment                   | i. In-Kind Descripti | ion j. l                  | Date (mm/dd/yyy                       | y) k. Amount   |
|           |  | 4                                    | · ·                  |                           | 000                                   | \$ -   |
|           | -  |                                      | y                    | •                         | 11                                    | -1 10  |
|           | /  | <u> </u>                             |                      | -                         |                                       | * -  |
|           |  |                                      |                      | M I                       |                                       | \$   |
| 4. Tota   | al only this Pa                              | age                                  |                      |                           |                                       | f 740 105  |

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

\$ 1360.12;

| I and Donated I | Amendment     |  |
|-----------------|---------------|--|
| Loan Proceeds   | Pg _/ of / No |  |

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

| A loan proc                         | seeds statement must accompany each loan   | n that is | from an ind                       | ıvidual  |          |                            |
|-------------------------------------|--|-----------|-----------------------------------|--|----------|----------------------------|
| 1. Committ                          | ee Full Name (and Fund if applicable)  | nisi en   |                                   | سركنا فسيرافق  | 2.       | ID Number                  |
| yvon                                | tee Full Name (and Fund if applicable) ne Williams Committee Board of Educ   | For a     | WSIFC                             |  |          | 88-1142796                 |
| 3. Lender I                         | Information  |           | Add                               | Remove   |          |                            |
|                                     | Mailing Address & Phone  |           | b. Job Title/                     | The Control of the Co | d.       | Comments                   |
| (include city                       | y, state, & zip)   |           | Dati 1                            |  |          |                            |
| ,                                   | Vuonne Williams<br>840 Duckview Co<br>Winston - Salem, N<br>27106  |           | KE                                | etired   | e. 5     | Start Date (mm/dd/yyyy)    |
| l ,                                 | TOUR DUCKVIEW C.   | ナ.        | c. Employer's Name/Specific Field |  |          |                            |
| <b>'</b>                            | Wasten - Solem. N  | C         |                                   |  |          | 3/10/2028                  |
| 1 6                                 | 2011   |           |                                   | Hired  | f. F     | End Date (mm/dd/yyyy)      |
|                                     | ¥  |           | Edu                               | icator   |          |                            |
| g. Rate                             | h. Security Pledged  | i. Accou  | nt Code                           | j. Form of Paymer  | nt       | k. Amount                  |
| <b>Ø</b> %                          | None   | 5         | 14                                | Check  |          | \$ 1311.84                 |
| I. Full Name of Lending Institution |  |           |                                   |  | m.       | Loan Number                |
|                                     | 21f  |           |                                   |  |          |                            |
| 4. Endorser                         | The same of the sa | n.)       |                                   |  |          |                            |
|                                     | Mailing Address & Phone  |           | b. Job Title/l                    | Profession   | c. Emple | oyer's Name/Specific Field |
| (include city                       | , state, & zip)  |           |                                   |  |          |                            |
|                                     |  |           |                                   |  |          |                            |
|                                     |  |           |                                   |  |          |                            |
|                                     |  |           | d. Percentage                     |  | e. Amou  | 4                          |
|                                     |  |           | di I ci coimag.                   |  | e. Amou  | .Nt                        |
| 0                                   |  |           |                                   | %  | \$       |                            |
|                                     | Mailing Address & Phone  |           | b. Job Title/Profession c. 1      |  |          | yer's Name/Specific Field  |
| (include city                       | v, state, & zip)   |           |                                   |  | /        |                            |
|                                     |  |           |                                   |  | ITAr     | nended)                    |
|                                     |  |           |                                   |  | MI       | Mendo                      |
|                                     |  | -         | d. Percentage                     |  | e. Amou  |                            |
|                                     |  |           |                                   |  |          | nt                         |
|                                     |  |           |                                   | %  | \$       |                            |
|                                     | Mailing Address & Phone  |           | b. Job Title/F                    | Profession   | c. Emplo | yer's Name/Specific Field  |
| (include city                       | , state, & zip)  |           |                                   |  |          |                            |
|                                     |  |           |                                   |  |          |                            |
|                                     |  |           |                                   |  |          |                            |
|                                     |  | 1         | d. Percentage                     |  | e. Amour | nt                         |
|                                     |  |           | u. i ci comm <sub>b</sub>         |  |          | iit                        |
|                                     |  |           |                                   | %  | \$       |                            |
|                                     | Mailing Address & Phone  |           | b. Job Title/P                    | Profession   | c. Emplo | yer's Name/Specific Field  |
| (include city,                      | , state, & zip)  |           |                                   |  |          |                            |
|                                     |  |           |                                   |  |          |                            |
|                                     |  |           |                                   |  |          |                            |
|                                     |  | t         | d. Percentage                     |  | e. Amour | nt                         |
|                                     |  | İ         |                                   |  |          | ii.                        |
|                                     |  |           |                                   | %  | \$       |                            |
| 5. Total of                         | f ALL CRO-1410 Pages   | Stall B   |                                   |  | 4        | 1011 011                   |
| (This line mu                       | ust be on line 9 of Detailed Summary Page CRO-11   | 100)      |                                   |  | Þ        | 1311.84                    |



## **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.

|      |  | intee 3 reports are med.          |
|------|--|-----------------------------------|
| •    | Name of committee to receive loan: Yvenne Willi  | ams Committee For rd of Education |
| •    | Person or committee to make loan:  |                                   |
| •    | Date of loan to committee:   | 22                                |
| •    | Name of lending institution (source):  |                                   |
| _    | <i>5elf</i>  |                                   |
| •    | Amount of loan: # 1311.84  |                                   |
| •    | Description (if in-kind loan):   | 6                                 |
| •    | Names of all parties responsible for payment of loan (g  | guarantors):                      |
|      |  | Amended                           |
| •    | Period of Ioan:  |                                   |
| •    | Period of loan:  |                                   |
| •    | Security pledged for loan: N/A   |                                   |
| 1, _ | Vonne Williams , acknowledge (Person lending money to committee)   | that all of the information       |
| pro  | ovided is complete, true, and accurate. I further understan at has an outstanding balance to any source. | d I may not forgive a loan        |
| -2   | prome Williams   | 3/10/2022<br>Date Signed          |
| Si   | gnature of Lender  | _                                 |
| 4    | wonne Williams   | 3/10/2022                         |
|      | gnature of Treasurer of Committee  | 11-10000                          |

| Disbursen   | nents  |                            | D <sub>o</sub> .                                       | 1                          | Amendment  |
|---|--|----------------------------|--|----------------------------|--|
| Use this form t   | o report expenditures                          | s from the commit          | Pg<br>ttee for; operating expense                      | of es, contributions to    | Yes N  |
| committees and  | d coordinated party e                          | expenditures.              |  |                            |  |
| 1. Committee  | Full Name (and Fu                              | nd if applicable)          | 2 / 25/  |                            | 2. ID Number   |
| 3. Type of Dis  |  |                            | Board of Educa   |                            | 88- 1142790  |
| Operating   |  | Contributions to Co        | CRO-1310 forms for each andidates/Political Committees |                            |  |
| 4. Payee Infor  |  | Conditional to Ca          | Add  |                            | oordinated Party Expenditures  |
|   | iling Address & Phone                          |                            | b. Coordinated Committee                               | Remove<br>Name             | d. Comments  |
| (include city, state  |  |                            |  | 1 (MIIIC                   | u. Comments  |
|   |  | ·m <                       |  |                            |  |
| 100.  | DUCKUU   | in Ct.                     | c. Level Registered (Specify                           | )                          |  |
| Yvonne Williams<br>840 Duckview Ct.<br>Winston-Salem, N.C.<br>27106 |  |                            | Federal  | County:                    |  |
| Winst   | on - salem                                     | / / / /                    | State  | Municipality:              | e. Election Sum to Date  |
|   | 2716   | 06                         |  |                            | \$ 1311. 84  |
| f. Account Code   | g. Form of Payment                             | h. Purpose Code            | i Data (mans/dd/)                                      |                            |  |
|   |  | and a upose code           | i. Date (mm/dd/yyyy)                                   | j. Amount                  | k. Required Remarks  |
| 5-14  | Check  | 0                          | 03/03/2022   | \$ 119.00                  | Filing Fee   |
| 6 111   | Check<br>Credit<br>Card                        |                            | - / /  |                            | Filing Fee Printing   Magnets  |
|   |  | 0                          | 03/22/2022   | \$ 336.66                  | Magnets  |
| 4. Payee Inform   |  |                            | Add  | Remove                     | THE PERSON WITH THE PERSON WIT |
|   | ling Address & Phone                           |                            | b. Coordinated Committee P                             | Name                       | d. Comments  |
| (include city, state  | , & zip)                                       |                            |  |                            |  |
| Yvonn   | e William<br>Duckvie<br>ston - Jahr<br>N.C. 27 | 15                         |  |                            |  |
| 840   | Duckvie  | wct                        | c. Level Registered (Specify)                          |                            | 4  |
| win   | ston - Jak                                     | en                         | Federal  | County:                    |  |
|   | N.C. 27  | 106                        | State  | Municipality:              | e. Election Sum to Date  |
|   |  |                            |  |                            | \$ 1311.84   |
| f. Account Code   | g. Form of Payment                             | h. Purpose Code            | i. Date (mm/dd/yyyy)                                   | j. Amount                  | k. Required Remarks  |
| 6 111   | Credit   | 0                          |  |                            |  |
| 3-14  | Carol  | U                          | 04/05/2022   | \$ 522.71                  | Signs  |
| 5-14  | Credit<br>Carol<br>Credit<br>Carol             | 0                          | 04/05/2022   | \$ 328.47                  | Yard<br>Signs<br>Yard<br>Signs   |
| 4. Payee Inform   |  |                            |  |                            | 519115   |
|   | ing Address & Phone                            | ATT SUBSECTION             | Add  | Remove                     |  |
| (include city, state,   |  |                            | b. Coordinated Committee N                             | ame                        | d. Comments  |
|   |  | 1                          |  |                            | Amended  |
| 4000  | ine Will                                       | 1 ams                      | c. Level Registered (Specify)                          |                            | (71113   |
| 18  | 40 DUCKVI                                      | ew CT.                     | Federal  | County:                    |  |
| u   | nne Will<br>40 Duckvi<br>linston - S<br>N.C.   | salem)                     | State  | Municipality:              | e. Election Sum to Date  |
|   | NIC.   | 27106                      |  | -                          | \$ 1211 811  |
| F.A. 167.1  |  |                            |  |                            | \$ 1311.84   |
| f. Account Code   | g. Form of Payment                             | h. Purpose Code            | i. Date (mm/dd/yyyy)                                   | j. Amount                  | k. Required Remarks  |
| 5-14  | Cash   | $\circ$                    | (12/10/2022  | \$ 5.00                    | Bank<br>Deposit  |
| <u> </u>  | Cusy   |                            | 03/10/2022   | * 5 . 00                   | Deposit  |
|   |  |                            |  | \$                         |  |
| 5. Total only thi   | is Page  | i is data a colo           |  | INCOMPRET GROOM            | n 1211 C11   |
|   | CRO-1310 Pages                                 |                            |  |                            | \$ 1311.84   |
| (This line goes in  | line 13a of Detailed Sum                       | mary Page CRO-1100         | ) if Operating Expenses)                               | Contract Contract Contract | \$ 1311.84   |
| (This line goes in  | line 13b of Detailed Sum                       | mary Page CRO-1100         | ) if Contrib to Candidates/Politic                     | cal Comm)                  | \$ 7377.87   |
| (This line goes in  | line 13c of Detailed Sumi                      | nary Page CRO-1100         | if Coordinated Party Expenditu                         | ires)                      |  |
| 7. Purpose Codo<br>A* - Media                                       | es (List detailed exp                          |                            |  | IE TOURSE                  |  |
| E - Salaries  | B* - Printing<br>F* - Equipment                | C* - Funda<br>G - Politica |  | D - To Another             |  |
| I - Postage   | J - Penalties                                  | K* - Office                |  | O* - Donation              | Public Office Expenses   |
| O* - Other  |  |                            | policeo  | A Dougnon                  | to Legal Expense Fund  |

| Use this form to report non-monetary contribution.  Use CRO-1215 if In-Kind Contributions we | ns. don      | ations one   | ods or services -             | 01                                  |        | Yes  | N                    |
|--|--------------|--|-------------------------------|-------------------------------------|--------|--|----------------------|
| Use CRO-1215 if In-Kind Contributions we   | re or w      | ill be refu  | inded within 7                | orovided to the con                 | nmitt  | tee or fund.   | 2                    |
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| Yvonne Williams Committee  | For          | CUSFE  | Board o                       | f Educati                           | 27     | Z. LECKUINDE   | 1910年                |
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| (include city, state, & zip)   |              |  | b. Type of Con                | tribûtor:                           | - l    | c. Comments  |                      |
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| nclude city, state, & zip)   |              | 1000 1000  | Individual                    | ibutor:                             | ) c    | Comments (   | <b>出版社</b>           |
| Yvonne William 840 Duckvieu Winston-Salem, N 27106-3   |              |  | Candidate                     |                                     | 1      |  |                      |
| yvonne William   | 5            | li   | Party                         |                                     |        |  |                      |
| 840 DUCKVIEW   | UC           | ナ. li  | PAC                           |                                     |        |  |                      |
| Winston-Salem, A   | 1.C.         |  | Referendum                    |                                     | Al on  | Distantino la mos  | Carlos Carlos Santos |
| 27106-3  | 360          | ا ج  | Other Receip                  | t Source                            | u.     | Election Sum to  | Date 1               |
| escription   |              | 9  |                               |                                     | \$     | 310.1  | 2                    |
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| clude city, state, & zip)  |              |  | Type of Contrib<br>Individual | AND STREET HOUSE AND STREET         | Cr C   | omments  | 計劃和經歷                |
|  |              | 12   | Candidate                     | /                                   |        |  |                      |
|  |              |  | Party                         |                                     |        |  |                      |
|  |              | , 1  | PAC                           | 14                                  | me     | . 1  |                      |
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| otal only this Page  | PH.          |  | 提 等 的 图 表 1                   |                                     | \$     | 310.   | 12.                  |
| otal of ALL CRO-1510 Pages   |              |  |                               |                                     |        |  |                      |
| line must be on line 17 of Detailed Summary Page   |              |  |                               |                                     | \$     | 310.   | 12                   |
| LJAV   | NC Sta       | te Board of  | Elections                     | 10121101                            | -      |  | -                    |

Amendment

December 2007

**In-Kind Contributions** 

|    |        | Amendment   |      |
|----|--------|-------------|------|
| Pg | <br>of | <br>Yes Yes | ☐ No |

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| 1. Commit  | tee Full Name (and Fund if applicable)                              |   | 2. ID Number               |
|--|---|---|----------------------------|
|  | e Williams Committee for WS/FC                                      | Board of<br>Education                   | 88-1142790                 |
| 3. Lender Information  |   |   |                            |
|  | , Mailing Address & Phone   | b. Job Title/Profession                 | d. Comments                |
| (include city, state, & zip)                                     |   | Retired                                 |                            |
|  | Yvonne Williams<br>840 Duckview Ct.<br>Vinston-Salem, N.C.<br>27106 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | e. Start Date (mm/dd/yyyy) |
|  | 1 840 Duckview Ct.  | c. Employer's Name/Specific Field       |                            |
| 11   | linston - Salem, N.C.   | 0 , 1                                   | 03/10/2022                 |
|  | 27106   | Retired<br>Educator                     | f. End Date (mm/dd/yyyy)   |
|  |   | Caucator                                |                            |
| g. Rate  | h. Security Pledged   | i. Original Loan Amount                 | j. Remaining Loan Balance  |
| <b>Ø</b> %   | N/A   | \$ 1311.84                              | \$ 1311.84                 |
| k. Full Name of Lending Institution                              |   |   | l. Loan Number             |
| Self   |   |   |                            |
| 3. Lender Information Add Remove                                 |   |   |                            |
|  | Mailing Address & Phone   | b. Job Title/Profession                 | d. Comments                |
| (include cit   | y, state, & zip)  |   | u. comments                |
|  |   |   |                            |
|  |   |   | e. Start Date (mm/dd/yyyy) |
| c. Employer's Name/Specific Field                                |   |   |                            |
|  |   | i i                                     | f. End Date (mm/dd/yyyy)   |
|  |   |   | Amended                    |
|  |   |   |                            |
| g. Rate  | h. Security Pledged   | i. Original Loan Amount                 | j. Remaining Loan Balance  |
| %  |   | \$                                      | \$                         |
| k. Full Name of Lending Institution                              |   |   | I. Loan Number             |
|  |   |   |                            |
| 3. Lender I  | nformation  | Add Remove                              |                            |
| a. Full Name, Mailing Address & Phone                            |   | Add Remove b. Job Title/Profession      | d. Comments                |
| (include city, state, & zip)                                     |   |   | ar comments                |
|  |   |   |                            |
|  |   |   | e. Start Date (mm/dd/yyyy) |
| c. Employer's Name/Specific Field                                |   |   |                            |
|  |   |   | f. End Date (mm/dd/yyyy)   |
|  |   |   |                            |
| . Rate   | h. Security Pledged   | i. Original Loan Amount                 | j. Remaining Loan Balance  |
| %  |   |   |                            |
|  |   | \$                                      | \$                         |
| s. Full Name of Lending Institution                              |   |   | I. Loan Number             |
|  |   |   |                            |
| 4. Total only this Page  |   |   | \$ 1311.89                 |
| 5. Total of ALL CRO-1430 Pages                                   |   |   | \$ 1311.84<br>\$ 1311.89   |
| (This line must be on line 21 of Detailed Summary Page CRO-1100) |   |   | 3 1311.07                  |