1. Committee Infor	rmation	FO	RSYTH COU	YTH	
a. Full Name		BOA	KO OF ELEC	TIONS	c. ID Number
Cameron For Counc	cil	2022	JAN -6 PM	1:02	
	lude City, State and Zip Code)	ko gestra je			d. Date Filed
Mary L Cameron 927 Abelia Way		4000 m		the state of the s	Jan 2022
Clemmons NC 270	12				e. Phone Number
					336-766-6882
2. Report Year	3. Period Start Date (mm	4. Period (mm/dd/yy)	End Date	5. Treasurer F	
2021	01/01/2019		25/2021	Martin D Majo	
6. Type of Committ		9. Type of Report			port from one category)
Candidate Campa	· = ·	Municipal	State/C		Referendum
PAC Independent	Referendum	Organizationa		Organizational	Organizational
Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five day	ıy	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual Mid Ves		Fourth	Special
Other:		Mid Year Year End		Semi-annual Mid Year	10. Carriel Danayt Namo
		Year End	¹ ∥¦	Mid Year Year End	10. Special Report Name
8. Number of Fund	raisers this Report	Special		Year End Final	
	Ban year			Special	
11. Account Inform	ation		11. Account		n in the same of the party
a. Financial Institution F	Jull Name			titution Full Name	
Fidelity Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Political Campaign	68	371			
	d. Period Begin Balanc	ce			d. Period Begin Balance
	\$ 300.00				\$
CERTIFICATION			EM TO		
is complete, true and  Martin D M	Ites and that no funds are concert and that I have bee ajorel  Printed Name of Signer	commingled with proben trained by the NC S	ibited or other	yon-disclosed fun	2B, & 22D-22M of Chapter 163 of ods. I further certify that this report  Ol- O5-2022  Date
FOR OFFICE USE O		$\epsilon$		THE PERSON	
Date Received:	3.6.21	Employee:	Mille	<u>beladelle</u>	Delivery Method Normal Mail
Date Postmarked	l:	Employee:			Registered Mail Hand Delivered
		Employee:			Electronically Filed Signer has not received
Date Scanned:		Employee.			
Date Scanned:  Date Data Entere	ed:	Employee:			mandatory training

CRO-1000

Amendment

## **Detailed Summary**

Amendment
Yes No

Use this form to summarize all disclosure reporting	g forms and to total monetary information
---	---

	Type of Report			. ID No	ımber
Cameron for Council Fi	nal				
	2019		al this ng Period		Total this Election Cycle
4) Cash on Hand at Start		\$ 300		\$	0
RECEIPTS	A production of				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$ 575.2	25	\$	1300.00
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 500		\$	500
9) Loan Proceeds	(CRO-1410)	\$		\$	
0) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	
1) Other Receipt Sources	and the second second second second			N. S.	
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)	\$		\$	
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d	l and 11e)	\$ 1075.	.25	\$	1800.00
EXPENDITURES				1	
3) Disbursements			ALL THE	LINE	
13a) Operating Expenditures	(CRO-1310)	\$ 800		\$	800
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
5) Loan Repayments	(CRO-1420)	\$		\$	
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
7) In-Kind Contributions	(CRO-1510)	\$ 575.2	5	\$	1000.00
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a	and 17)	\$ 1375.	25	\$	1800.00
2) Cash on Hand at End (Add lines 4 and 12 together, then subtract if	ine 18)	\$ 0		\$	0
DDITIONAL INFORMATION			975 3		
Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$			Bratis E
B) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
Account Transfers Within the Committee	(CRO-1720)	\$			
5) Administrative Support	(CRO-1710)	\$		\$	
6) Forgiven Loans	(CRO-1440)	\$		\$	
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	
S) Contributions to be Refunded	´ L			ļ -	

		om Individuals dividual contributions	over \$5	I O or contributions up	g nder \$50 if form (	of	Yes	□ No	
1. Com	mittee Full Name	(and Fund if applica	able)		ider \$50 if form (	2. ID N			
Camero	n for Council								
3. Cont	ributor Informat	ion		Add $\square$ R	emove				
	ame, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comm	. Comments		
	e city, state, & zip)			Homemaker					
	Mary L. Cameron 927 Abelia Way Clemmons NC 27012			c. Employer's Name/Specific Field		_			
				c. Employer's Name/	Specific Fleid				
						e. Electio	n Sum to Date		
						\$	1000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/		k. Amount		
	9	Check			11/05		\$	575.25	
			+					373.23	
			+				\$		
							\$		
	ributor Informati			Add R	emove				
	me, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Professio	n	d. Comm	ents		
(include	city, state, & zip)			-					
				c. Employer's Name/S	Specific Field				
					e. Elec		ection Sum to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount		
							\$		
							\$		
							\$		
3. Contr	ibutor Informatio	on		Add Re	emove		er are		
	ne. Mailing Address	& Phone	3 3	b. Job Title/Profession		d. Comme	nts		
(include	city, state, & zip)								
				c. Employer's Name/S	necific Field	-			
				ce Employer s Name/S	peeme reiu	1			
				e. Election	Sum to Date				
						\$			
. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount		
							\$		
							\$		
							\$		
I. Tota	only this Page	e	341.		1000	\$		575.25	
	of ALL CRO				NEATHER WALL			0 1 3 . 2 3	
		Detailed Summary Page C	RO_1100			\$		575.25	

**Contributions from Individuals** 

Amendment

	report contributions from or Full Name (and Fund if app		ererendum or PAC o	committees		2 10	NT	
Cameron for Co		incable)				2. 11	Number	
3. Contributor	Information		Add	Remove	)			
a. Full Name, Mail	ing Address & Phone		b. Type of Committe	ee		d. Co	mments	
(include city, sta			Candidat	te 🛛	PAC			
NC Realtor PA			Reference					
4511 Weybridg		c. Level Registered (	(Specify)					
Greensboro, NO	2/40/	Federal	片	County:				
			State		Municipality:	e. Elec	ction Sum to Date	
						\$	500	
f. Account Code	g. Form of Payment	h. In-Ki	nd Description	i. D	ate (mm/dd/yyyy	)	j. Amount	
9	Check							
	Check				11/05/2021		\$ 500	
							\$	
							\$	
3. Contributor			Add	Remove				
	ing Address & Phone		b. Type of Committee	e		d. Con	nments	
(include city, stat	te, & zip)		Candidate		PAC			
			Referend					
			c. Level Registered (	Specify)				
			Federal	님	County:			
			State		Municipality:	e. Elec	tion Sum to Date	
						\$		
. Account Code	g. Form of Payment	h. In-Kir	d Description	i. Da	te (mm/dd/yyyy)		j. Amount	
							\$	
							\$	
							\$	
3. Contributor 1	Information		Add	Remove				
	ng Address & Phone		b. Type of Committee	e		d. Com	ments	
(include city, state	e, & zip)		Candidate		PAC			
			Referendu					
			c. Level Registered (S	Specify)				
			Federal State	님	County: Municipality:	- 101	4 C 4 - B - 4	
			State		Municipanty:	e. Elect	tion Sum to Date	
						\$		
Account Code	g. Form of Payment	h. In-Kin	d Description i. Date (mm/dd/yyyy			j. Amount		
							\$	
							\$	
							\$	
. Total only this	s Page	ALE SINE	Tellin, sid vo ca	(15 g/A <sub>3</sub> = 1		\$	500	
	CRO-1230 Pages					Ψ		
	on line 8 of Detailed Summary Pa	ge CRO-1100)				\$	500	

**Contributions from Other Political Committees** 

Amendment

Yes

Use this form to	report expenditures	from the commit	tee for; operating expenses	s, contributions to	candidate/political
	coordinated party ex				
Cameron for C	Full Name (and Fun	d if applicable)			2. ID Number
3. Type of Dish		150 USA Sanarata (	CRO-1310 forms for each	tuna of Diskuman	
Operating I	The second secon		andidates/Political Committees		nent.) oordinated Party Expenditures
4. Payee Inform			Add	Remove	bordinated Farty Experimitures
	ling Address & Phone		b. Coordinated Committee I		d. Comments
(include city, state,			TO SOUL MANUEL COMMITTEED I	· · · · · · · · · · · · · · · · · · ·	u. Comments
Clemmons Cur					
3600 Clemmon	is Road		c. Level Registered (Specify)		
Clemmons, NC 27103			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					¢ 240.50
					\$ 249.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9	Check	A	10/20/2021	\$249.50	
				72.3.00	
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Twin City Spor					
4836 Country C			c. Level Registered (Specify)		
Winston-Salem	, NC 27104		Federal County:		
			State Municipality:		e. Election Sum to Date
					\$ 77.74
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i Amount	
				j. Amount	k. Required Remarks
9	Check	K	11/05/2021	\$77.74	
				Φ.	
				\$	
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
Goslan Printing		TINDER TO			
Goslen Printing 3301 Healy Dri			- I 1 D 1 4 1 70 16 x		
Winston-Salem,			c. Level Registered (Specify)	0: 4	
williston-Satem,	, 140 27 103		State	County:	Florida Com to Date
			State	Municipality:	e. Election Sum to Date
					\$ 136.96
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9	Check	В	11/01/2021	\$136.96	
	Oncox		11/01/2021	\$130.90	
				\$	
5. Total only thi	is Page				\$ 464.20
	CRO-1310 Pages				\$ 464.20
	line 13a of Detailed Sum	mary Page CRO-1100	) if Operating Expenses)		1.
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100	) if Contrib to Candidates/Politic		\$ 800.00
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	) if Coordinated Party Expenditu		
	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund	Ü	D - To Anoth	
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic			Public Office Expenses
O* - Other	o - 1 chames	K" - UIIIC	e Expenses	Q" - Donatio	n to Legal Expense Fund
The second second second	e detailed explanation	on in required we	manks field (k)	Aller Control	

**Disbursements** 

Amendment

☐ No

Use this form to					
	coordinated party ex full Name (and Fun			I I I I I I I I I I I I I I I I I I I	2 ID Number
Cameron for Co		u ii applicanie,			2. ID Number
3. Type of Disba		ise use separate (	CRO-1310 forms for each	type of Disburser	nont)
Operating E			indidates/Political Committees		pordinated Party Expenditures
4. Payee Inform			Add	Remove	оот от температира
	ing Address & Phone	THE SHAPE	b. Coordinated Committee N		d. Comments
(include city, state,	_				
Chick-Fil-A					
	e-Clemmons Road		c. Level Registered (Specify)		
Clemmons, NC	27103		Federal	County:	
			State	Municipality:	e. Election Sum to Date
	·				\$ 92.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9	Check	K	11/02/2021	\$92.78	
				\$	
4. Payee Inform	ation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	& zip)				
Women Who Ca	are				
P.O. Box 1884			c. Level Registered (Specify)		
Clemmons, NC	27012		Federal	County:	
			State	Municipality:	e. Election Sum to Date
~ .					\$ 243.02
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
0	61 1				
9	Check	0	11/05/2021	\$243.02	
		0	11/05/2021	\$243.02	
4. Payee Inform	ation	0	Add	\$ Remove	
4. Payee Inform a. Full Name, Mailin	nation ng Address & Phone	0		\$ Remove	d. Comments
4. Payee Inform	nation ng Address & Phone	0	Add	\$ Remove	d. Comments
4. Payee Inform a. Full Name, Mailin	nation ng Address & Phone	0	Add b. Coordinated Committee N	\$ Remove	d. Comments
4. Payee Inform a. Full Name, Mailin	nation ng Address & Phone	0	Add b. Coordinated Committee N. c. Level Registered (Specify)	\$ Remove	d. Comments
4. Payee Inform a. Full Name, Mailin	nation ng Address & Phone	0	Add b. Coordinated Committee N  c. Level Registered (Specify)  Federal	Remove same	
4. Payee Inform a. Full Name, Mailin	nation ng Address & Phone	0	Add b. Coordinated Committee N. c. Level Registered (Specify)	\$ Remove	e. Election Sum to Date
4. Payee Inform a. Full Name, Mailin (include city, state, &	nation ng Address & Phone & zip)		Add	Remove rame  County: Municipality:	e. Election Sum to Date
4. Payee Inform a. Full Name, Mailin	nation ng Address & Phone	h. Purpose Code	Add b. Coordinated Committee N  c. Level Registered (Specify)  Federal	Remove same	e. Election Sum to Date
4. Payee Inform a. Full Name, Mailin (include city, state, &	nation ng Address & Phone & zip)		Add	Remove rame  County: Municipality:	e. Election Sum to Date
4. Payee Inform a. Full Name, Mailin (include city, state, &	nation ng Address & Phone & zip)  g. Form of Payment		Add	Remove ame  County: Municipality:	e. Election Sum to Date
4. Payee Inform a. Full Name, Mailin (include city, state, &	g. Form of Payment		Add	Remove fame  County: Municipality:	e. Election Sum to Date
4. Payee Inform a. Full Name, Mailin (include city, state, &	g. Form of Payment  is Page  CRO-1310 Pages	h. Purpose Code	Add b. Coordinated Committee No.  c. Level Registered (Specify) Federal State  i. Date (mm/dd/yyyy)	Remove fame  County: Municipality:	e. Election Sum to Date \$ k. Required Remarks
4. Payee Inform a. Full Name, Mailin (include city, state, & f. Account Code  5. Total only this 6. Total of ALL (This line goes in I	g. Form of Payment  is Page  CRO-1310 Pages line 13a of Detailed Sum	h. Purpose Code	Add	Remove ame  County: Municipality:	e. Election Sum to Date \$ k. Required Remarks
4. Payee Inform a. Full Name, Mailin (include city, state, &  f. Account Code  5. Total only this 6. Total of ALL (This line goes in It (This line goes in It)	g. Form of Payment  g. Form of Payment  is Page  CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum	h. Purpose Code  mary Page CRO-1106  mary Page CRO-1106	Add	Remove ame  County: Municipality:  j. Amount  \$  sal Comm)	e. Election Sum to Date \$ k. Required Remarks \$ 335.80
4. Payee Inform a. Full Name, Mailin (include city, state, &  f. Account Code  5. Total only this 6. Total of ALL (This line goes in the Code) (This line goes in the Code)	g. Form of Payment  g. Form of Payment  is Page  CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum	h. Purpose Code  mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100	Add  b. Coordinated Committee Note  c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  if Operating Expenses)  of Contrib to Candidates/Political  of Coordinated Party Expenditu	Remove ame  County: Municipality:  j. Amount  \$  sal Comm)	e. Election Sum to Date \$ k. Required Remarks \$ 335.80
4. Payee Inform a. Full Name, Mailin (include city, state, &  f. Account Code  5. Total only this 6. Total of ALL (This line goes in the (This line goes in the (This line goes in the Code) 7. Purpose Code A* - Media	g. Form of Payment  g. Form of Payment  is Page  CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum	h. Purpose Code  mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100	Add  b. Coordinated Committee Note  c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  if Operating Expenses)  of Contrib to Candidates/Politice of Coordinated Party Expenditus  (h.) above)	Remove fame  County: Municipality:  j. Amount  \$  sal Comm) tres)	e. Election Sum to Date  \$ k. Required Remarks  \$ 335.80  \$ 800.00
4. Payee Inform a. Full Name, Mailin (include city, state, &  f. Account Code  5. Total only this 6. Total of ALL (This line goes in the (This line goes in the Code)  7. Purpose Code A* - Media E - Salaries	g. Form of Payment  g. Form of Payment  g. Form of Payment  is Page  CRO-1310 Pages line 13a of Detailed Sum line 13c of Detailed Sum line 13c of Detailed Sum  cs (List detailed exp  B* - Printing  F* - Equipment	h. Purpose Code  mary Page CRO-1100 mary Page CRO-1100 penditure code in ( C* - Fund G - Politica	Add  b. Coordinated Committee Note  c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  if Operating Expenses)  of Contrib to Candidates/Political Conference of Coordinated Party Expenditus  (h.) above)  Iraising all Party	Remove  ame  County: Municipality:  j. Amount  \$  sal Comm)  ares)  D - To Anothe H* - Holding	e. Election Sum to Date  \$ k. Required Remarks  \$ 335.80  \$ 800.00  er Candidate  Public Office Expenses
4. Payee Inform a. Full Name, Mailin (include city, state, &  f. Account Code  5. Total only this 6. Total of ALL (This line goes in the (This line goes in the Code)  7. Purpose Code A* - Media	g. Form of Payment  g. Form of Payment  g. Form of Payment  is Page  CRO-1310 Pages line 13a of Detailed Sum line 13c of Detailed Sum line 13c of Detailed Sum  cs. (List detailed exp.  B* - Printing	h. Purpose Code  mary Page CRO-1100 mary Page CRO-1100 penditure code in ( C* - Fund G - Politica	Add  b. Coordinated Committee Note  c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  if Operating Expenses)  of Contrib to Candidates/Political Coordinated Party Expenditus  (h.) above)  Iraising	Remove  ame  County: Municipality:  j. Amount  \$  sal Comm)  ares)  D - To Anothe H* - Holding	e. Election Sum to Date  \$ k. Required Remarks  \$ 335.80  \$ 800.00

**Disbursements** 

Amendment

Yes No

In-Kind Contributions	I	Pg	of	Yes No		
Use this form to report non-monetary contributions, Use CRO-1215 if In-Kind Contributions were of	donations, goods or services pr	ovided to the	committee	or fund.		
L. Committee Full Name (and Fund if applie	able)	lays.	2	ID Number		
Cameron For Council			de	TO NUMBER		
3. Contributor Information	☐ Add ☐ R	emove				
Full Name, Mailing Address & Phone	b. Type of Cont		le.i	Comments		
(include city, state, & zip)	Individual		L			
Mary L Cameron	Candidate					
7927 Abelia Way	Party PAC					
Clemmons NC 27012	Referendum		d.	Election Sum to Date		
	Other Recei	pt Source	s	1000 0		
Description		f. Date (mm/	dd/vyy)	g. Fair Market Amount		
Clemmons Currier				\$ 575.25		
		10/20/	2021	# 5/5.25		
				\$		
				\$		
. Contributor Information	☐ Add ☐ Re	move	S. J. 181			
Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contr			comments		
	Candidate Party					
	PAC					
		Referendum Other Receipt Source		d. Election Sum to Date		
Description				\$		
		f. Date (man/c	ld/ <del>yyyy</del> )	g. Fair Market Amount		
				\$		
				\$		
				\$		
Contributor Information Fall Name, Mailing Address & Phone	☐ Add ☐ Rea		NI SAN			
include city, state, & zip)	b. Type of Contril	butor	c. Ca	noments		
	Candidate					
	Party					
	PAC Referendum					
	Other Receipt	Source	d. Election Sum to Date			
Description			\$			
•		L Date (mm/de	l/yyyy)	g. Fair Market Amount		
				\$		
				\$		
				\$		
Total only this Page	THE REPORT OF THE	19.00	\$	575.25		
Total of ALL CRO-1510 Pages This line must be on line 17 of Detailed Summary Page (		1133	(40)	575.25		
Page (	PO.1100		4	5/5/5		