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 undate information.

a. Full Name TINA FLOWERS FOR FORSYTH COUNTY CLERK OF SUPERIOR COURT b. Mailing Address (include City, State and Zip Code) P. O. BOX 30281 WINSTON SALEM, NC 27130 4. Period End Date (mm/dd/yy) 7. Treasurer Full Name 2021 7. Type of Committee (Check One) 7. Type of Committee (Check One) 8. Candidate Campaign Party Pac Pac Pac Pre-primary Pre-free freendum Pre-primary First First Pre-election Second Supplemental Final Presidential Election Year Candidates Fund Pre-runoff Third Annual Special Pre-runoff Mid Year Pre-runoff Third Semi-annual Presidential Election Year Candidates Fund Pre-runoff Mid Year Pre-runoff Mi	1. Committee I		to mitornation.									
TINA ELGWERS FOR FORSYTH COUNTY CLERK OF SUPERIOR COURT b. Mailling Address (include City, State and Zip Code) P. O. BOX 30281 01/27/2022 e. Phone Number (336) 528-2116 2. Report Year 2021 07/01/2021 12/31/2021 11/27ANV A FLOWERS 6. Type of Committee (Check One) 2. Candidate Camping Party Musicipal State/County Referreading Organizational		AND ALLES ON							e ID No	mbon		
D. Mailing Address (include City, State and Zip Code) P. O. BOX 30281 WINSTON SALEM, NC 27130 2. Report Year 3. Period Start Date (mm/ddyy) 3. Treasurer Full Name 2021 Proformatite (Check One) 2. Type of Committee (Check One) 2. Candidate Campaign Party Meatcigal State County Referendum Proformation Draphicable, check one Progenizational Draphicable, check one Progenizational Draphicable, check one Proformation Proformation Draphicable, check one Proformation Proceeding Progenizational Draphicable, check one Proceeding Proceeding	TINA FLOWE	RS FOR FOR	RSYTH COUNT	Y CLE	ERK OF S	UPERI	OR COURT		C. ID No	mber		
P. O. BOX 30281 WINSTON SALEM, NC 27130 2. Report Year 3. Period Start Date (mm/dd/yy) 2. Report Year 3. Period Start Date (mm/dd/yy) 3. Treasurer Full Name 12/31/2021												
WINSTON SALEM, NC 27130 Continue of the complete (Check One) Continue of the complete (Check One) Continue of C			ity, State and Zi	p Code)					d. Date	Filed		
Combined Company Compa			7130						0	1/27/20	22	
2. Re port Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2021 07/01/2021 12/31/2021 TIFFANY A FLOWERS 6. Type of Committee (Check One) 9. Type of Report Check only one type of report from one category) Candidate Campaign Party Municipal State/County Refereadum Referendam Legal Expense Fund Organizational Organizational Organizational Pre-rimany Pre-ried Thirty-five day Pre-primary Pre-ried Pre-rimany Pre-ried Booster Fund Pre-dection Pre-clection Pre-clection Pre-monf Third Annual NC Public Campaign Financing Fund Wid Year Year End Presidential Election Year Candidates Fund NC Public Campaign Financing Fund Wid Year Year End Primal Pre-primary Pre-prim												
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6. Type of Committee (Check One) Candidate Campaign		3. Period Sta	rt Date (mm/dd/	yy)	4. Period	End Da	nte (m m/dd/yy	y) 5. Treasu	rer Full l	Vame	ale IIII	
Candidate Campaign						12/31/2	2021	TIFFAN	Y A FLOV	VERS		
Doint Fundraiser PAC Organizational Organizationa						t (c	heck only or	ne type of re	port from	one cate	gory)	
Referendum Legal Expense Fund Thirty-five day Pre-referendum Pre-r			-				State/Count	ty				
Type of Fund			100		Organizational		Organizational		Organizational			
"Booster Fund" Pre-election Second Supplemental Final Sunding Fund Pre-tunoff Third Annual Special Semi-annual Fourth Semi-annual Fourth Special S					Thirty-five day		Quarterly				n	
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Building Fund Presidential Election Year Candidates Fund Presidential Election Year Candidates Fund NC Public Campaign Financing Fund Semi-annual Year End Special Mid Year Year End Special Prinal Presidential Election Year End Prinal Prina		["			Pre-electio	n	Seco:	nd	U=		Final	
Presidential Election Year Candidates Fund Mid Year Semi-annual					Pre-runoff		Thir	d	_			
NC Public Campaign Financing Fund					Semi-annua	al	Four	th				
Other: Shumber of Fundraisers this Report Special	NC Public Can	npaign Financin	g Fund		Mid Yo	ear	Semi-ann	ual	_ speed			
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B. Number of Fundraisers this Report Special Specia	Other:				Final				10. Spec	iai Kepo	ort Name	
Account Information Distinguish Full Name 3. Account Information Distinguish Full Name 3. Account Information Distinguish Full Name 3. Account Information Distinguish Fund Name 4. Financial Institution Full Name 5. Account Code D. Purpose C. Account Code D. Purpose C. Account Code C. Account Code D. Purpose C. Account Code D. Purpose C. Account Code C. Account Code C. Account Code D. Purpose C. Account Code C. Account Cod	8. Number of Fu	ndraisers this	s Report	_			_	Litt				
3. Account Information 4. Financial Institution Full Name M&F BANK 5. Purpose C. Account Code C. Account			S Report		-p · · · · ·				1			
ACCOUNT CACCOUNT C. Account Code D. Purpose D. P							☐ Special					
M&F BANK Descriptions CAMPAIGN FUNDING ACCOUNT A Period Begin Balance C. Account Code D. Purpose D.						3. Acc	ount Informs	ition			10-10	
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CAMPAIGN FUNDING ACCOUNT 10										2027		
ACCOUNT d. Period Begin Balance \$ 0.00 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 Printed Name of Signer Signature of Appointed Treasurer O1/27/2022 Printed Name of Signer Date OR OFFICE USE ONLY Date Received: Employee: Delivery Method Normal Mail Date Postmarked: Employee: Date Date Scanned: Employee: Date Date Date Entered: Employee: Signer has not received mandatory 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.	o. Purpose		c. Account Code			b. Purpose			c. Accoun	t Code	7570	
ACCOUNT d. Period Begin Balance \$ 0.00 SERTIFICATION 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 Printed Name of Signer Signature of Appointed Treasurer Date OR OFFICE USE ONLY Date Received: 21 2022 Employee: Delivery Method Normal Mail Date Postmarked: Employee: Delivery Method Plant Delivered Date Scanned: Employee: Signer has not received mandatory 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.		JNDING		10					8 2 3	7	0~	
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Printed Name of Signer OR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Date Date Bate Entered: Employee: Employee: Employee: Date Signarure of Appointed Treasurer Date Postmarked: Employee: Date Postmarked: Employee: Date Scanned: Date Date Data Entered: Employee: Date Date Scanned to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.	Chapter 162 of	e Commutee (or rung is in con	nphance	e with all a	pplicab	le provisions	of Article 2	2A, 22B &	: 22D-22	M of	
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Printed Name of Signer Signature of Appointed Treasurer Date OR OFFICE USE ONLY Date Received: Date Postmarked: Employee: Date Postmarked: Employee: Date Postmarked: Date Postmarked: Employee: Date Postmarked: Employee: Date Scanned: Employee: Date Data Entered: Employee: Date Date Data Entered: Employee: Date Date 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.	iunas. I iunine	r certify that t	his report is con	mplete, t	rue and co	orrect a	nd that I hav	e been traine	d by the l	NC State	Board	
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assistant treasurer, custodian of books information, or account information.	Please Note	: This form ca	innot be used to	amend	committe	e inform	ntion such a	s the ac	ttaa adda			
You must amend the Statement of Organization (CRO-2100A -F) to make a semi-		assistan	t treasurer, custo	odian o	fbooks in	formati	on, or accoun	o me comm nt informatio	nee addre	ss, treas	urer,	
	Yo	u must amend	I the Statement	of Organ	nization (C	RO-216	MA_F) to mol	ka aanmissa.	u. Nahanii -		- 1	

Detailed Summary Use this form to summarize all disclosure reporting forms a	and to total me	netary	in formation		Yes X No
1. Committee Full Name (and Fund if applicable)	2. Type of Re	eport	3.	IDN	Vumber
TINA FLOWERS FOR FORSYTH COUNTY CLERK OF SUPERIOR COURT	2021 Year I	End Ser	ni-Annual		
Start of Election Cycle: January 1,2021		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$	0.00	\$	0.
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	1,337.00	\$	1,337
6) Contributions from Individuals	(CRO-1210)	\$	9,605.00	\$	9,605.
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.
8) Contributions from Other Political Committees	(CRO-1230)	\$	1,000.00	\$	1,000
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.
0) Refunds/Reimburs ements to the Committee	(CRO-1240)	\$	0.00	\$	0.
1) Other Receipt Sources			3.00		0.
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.
11e) Exempt Purchase Price Sales	(CRO-1265)	\$		_	0.
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,		\$	0.00	\$	0.
EXPENDITURES	110 (110)	Ф	11,942.00	\$	11,942.
3) Disbursements				-	
13a) Operating Expenditures	(CRO-1310)	\$	9,970.95	\$	9,970.
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	200.00	\$	200.
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	0.0
5) Loan Repayments	(CRO-1420)	\$	403.51	\$	403.:
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00		0.0
7) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	0.0
B) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$	42.00	\$	42.0
(Add lines 4 and 12 together, then subt		\$	10,616.46	\$	10,616.4
ADDITIONAL INFORMATION		Φ	1,325.54	\$	1,325.5
) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00	14	
) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00		
) Debts and Obligations owed by the Committee	-	\$	0.00		
) Debts and Obligations owed to the Committee		\$	0.00		
) Account Transfers Within the Committee		\$	0.00		
) Administrative Support	-	\$ \$	0.00	\$	0.0
) Forgiven Loans		 \$	0.00	\$	0.0
) 48-Hour Notice Reports Sum		\$ \$		\$ \$	0.0
) Contributions to be Refunded		\$ \$		\$ \$	0.0