Amendment **Disclosure Report Cover** □ Yes XI 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. OARD HE ME -A. 1. Committee Information a. Full Name c. ID Number DENISE HINES FOR CLERK COMMITTEE b. Mailing Address (include City, State and Zip Code) d. Date Filed 301 N MAIN ST, STE 805 10/06/2022 WINSTON-SALEM, NC 27101 e. Phone Number 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name DENISE HINES 2022 06/30/2022 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign 🔲 Party Municipal State/County Referendum ☐ Joint Fundraiser □ PAC П Organizational Organizational Organizational Referendum Legal Expense Fund Thirty-five day Quarterly ☐ Pre-referendum 7. Type of Fund (if applicable, check one) Pre-primary П First ☐ Final "Booster Fund" Supplemental Final Pre-election Second Building Fund Pre-runoff Third Annual Presidential Election Year Candidates Fund Semi-annual П Fourth ■ Special ■ NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report ☐ Final Special ☐ Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name WELLS FARGO b. Purpose c. Account Code b. Purpose c. Account Code CHECKING ACCOUNT D4C2020 FOR COMMITTEE d. Period Begin Balance d. Period Begin Balance \$ 549.54 \$ 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

Denise Hines Printed Name of Signer	Signature of Appointed Treasurer	10/07/2022 Date		
FOR OFFICE USE ONLY				
Date Received:	Employee	Delivery Method Normal Mail		
Date Postmarked:	Employee	☐ Registered Mail☐ Hand Delivered		
Date Scanned:	Employee	☐ Electronically Filed		
Date Data 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.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment

Yes

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

Committee Full Name (and Fund if applicable)	2. Type of Re		The second second	D Num	ber
DENISE HINES FOR CLERK COMMITTEE	2022 Second (Quarter			
Start of Election Cycle: January 1,			tal this ting Period		Fotal this ection Cycle
4) Cash on Hand at Start		\$	549.54	\$	0.00
RECEIPTS				E	
5) Aggregated Contributions from Individuals	(CRO-1205)	S	675.00	\$	2,530.80
6) Contributions from Individuals	(CRO-1210)	S	8,144.32	\$	14,504.02
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	S	0.00	S	0.00
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	S	153.95	S	153.95
11) Other Receipt Sources				1	
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	s	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	S	0.00	S	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	s	0.00	s	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,		S	8,973.27	S	17,188.77
EXPENDITURES			FMEEL		
13) Disbursements			18 81 7	SHA	
13a) Operating Expenditures	(CRO-1310)	S	8,827.95	\$	15,613.67
13b) Contributions to Candidates/Political Committees	(CRO-1310)	S	0.00	\$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	S	0.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	S	127.62	\$	413.19
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	500.00	S	500.00
17) In-Kind Contributions	(CRO-1510)	S	0.00	S	594.67
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	S	9,455.57	\$	17,121.53
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	S	67.24	\$	67.24
ADDITIONAL INFORMATION			1500 1505	R	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00	a from	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	S	0.00		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		
24) Account Transfers Within the Committee	(CRO-1720)	S	0.00		
25) Administrative Support	(CRO-1710)	S	0.00	S	0.00
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00
28) Contributions to be Refunded CRO-1100 NC State Board	(CRO-1215)	\$	0.00	\$	0.00

			Amendme	
Aggregated Contributions from Individuals	Pagel of	_1_	☐ Yes	X No
Output C. T. Carrier and C. B. C. Carrier	1 6050 1			

Optional form used to report NC Contributions From Individuals of \$50 or less

. Committe	ee Full Name (and	Fund if applicable)		2.D	Number
DENISE HI	NES FOR CLERK O	COMMITTEE			
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Add Remove	D4C2020	Electric Funds Tran		05/14/2022	\$ 25
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Add Remove	D4C2020	Electric Funds Tran	***************************************	04/01/2022	\$ 50
Add Remove	D4C2020	Electric Funds Tran		03/25/2022	\$ 50
☐ Add ☐ Remove	D4C2020	Electric Funds Tran		05/14/2022	\$ 50
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Add Remove	D4C2020	Electric Funds Tran		03/25/2022	S 50
. Total o	nly this Page			S	\$675
	ALL CRO-12 must be on line 5 of I	205 Pages Detailed Summary Page	CRO-1100)	S	\$675

April 2007

Amendment **Contributions from Individuals** Pg 1 of 10 ☐ Yes X 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) 2. ID Number DENISE HINES FOR CLERK COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) KEVIN ACUNA c. Employer's Name/Specific Field 4240 SADDLEWOOD FOREST DR WINSTON-SALEM, NC 27106 CHARLOTTE CENTER FOR e. Election Sum to Date LEGAL ADVOCACY 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran D4C2020 05/16/2022 5 100.00

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Amendment Contributions from Individuals 3 of 10 ☐ Yes X 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) 2. ID Number DENISE HINES FOR CLERK COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ATTORNEY AMANDA COLE c. Employer's Name/Specific Field 1326 RAINTREE DR SNELLVILL, GA 30078 ATLANTA LEGAL AID e. Election Sum to Date SOCIETY 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran D4C2020 03/07/2022 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PROBATION LUZVIMENDA DERAMUS c. Employer's Name/Specific Field 6368 SOUTHPOINT DRIVE DALLAS, TX 75248 RETIRED e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran D4C2020 03/07/2022 250.00 5 Š 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MECHANIC AMOS DONALDSON c. Employer's Name/Specific Field 4081 SALEM ROAD ENTERPRISE, AL 36330 RETIRED e. Election Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check D4C2020 03/08/2022 200.00 \$

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		6 of Detailed Summary P	Page CRO-1160			\$	8,144.32

Contributions from Individuals

Amendment

Contributions from Individuals

Pg 5 of 10 Amendment Yes X 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) 2. ID Number DENISE HINES FOR CLERK COMMITTEE 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) TRIAL COURT COORDINATOR JULIA B FRYE c. Employer's Name/Specific Field 750 CHATHAM ROAD WINSTON-SALEM, NC 27101 STATE OF NORTH e. Election Sum to Date CAROLINA 300.00 i. In-Kind Description f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran D4C2020 04/03/2022 S 300.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) ATTORNEY DEBORAH M GLASS c. Employer's Name/Specific Field 1811SUSSEX LN STATE OF NORTH WINSTON-SALEM, NC 27104-1125 e. Election Sum to Date CAROLINA 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran D4C2020 05/14/2022 100.00 5 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) HOMEMAKER MARY HERNANDEZ c. Employer's Name/Specific Field 2402 TWIN CREEK COURT CONYERS, GA 30094 SELF EMPLOYED e. Election Sum to Date Š 100.00 i. In-Kind Description f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran D4C2020 03/30/2022 S 100.00 8 \$ 4. Total only this Page 500.00 \$ 5. Total of ALL CRO-1210 Pages S 8,144.32 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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Amendment

Amendment Contributions from Individuals Pg ______ of ☐ Yes X 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) 2. ID Number DENISE HINES FOR CLERK COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) STEFFON KNOX 3406 RUDLAND CT c. Employer's Name/Specific Field FAYETTEVILLE, NC 28304 DEPARTMENT OF DEFENSE e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran D4C2020 03/05/2022 \$ 100.00 S \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) DEREK LONG 2507 SQUIRE MANOR PACE c. Employer's Name/Specific Field KERNERSVILLE, NC 27284 SELF-EMPLOYED e. Election Sum to Date 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran D4C2020 03/04/2022 S 1,000.00 5 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSULTANT LINSEY MILLS 2786 CLAYBURNE CT c. Employer's Name/Specific Field WINSTON-SALEM, NC 27103 SELF-EMPLOYED e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran D4C2020 03/05/2022 S 100.00

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	al of ALL CR					Г		
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Contributions from Individuals

				Amendment					
$P_{\mathbf{g}}$	9	of	10		Yes	\mathbf{X}	No		

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicab		Variation of the second	Avii	nder 300 il foliii CRO i	_	ID Number	No. of the last of
		ERK COMMITTEE			***************************************	111121141111111111111111111111111111111			
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	375 N PINE VALLEY RD			***************************************		Name/Specific Field	4		
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		rom Individual		I	Pg 10 of 10		endment Yes X No
Use tri	is form to report in	adividual contribution	is over \$50 or c	ontributions	under \$50 if form CRO		
		e (and Fund if applicate ERK COMMITTEE	ile)			2. ID No	mber
	tributor Informati		STAN ST	l Add 🔲 R	lemove		
	Name, Mailing Ad			b. Job Title/	Profession	d. Comn	nents
	ude city, state, & z	cip)					
	RT REIVES						
PO BO				c. Employer	's Name/Specific Field		
SANFO	ORD, NC 27331			WILSON, R			
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	ude city, state, & z				1 4 10 to menore and more		
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WILSO	N S WEAVER	***************************************		LAW ENTOR	CEMENT		
	PAUDING DR			c. Employer's	s Name/Specific Field		
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4. Tot	al only this Pa	ge	SUNDAY.		THE WEST	S	1,600.00

\$

Amendment Refunds/Reimbursements To the Committee ☐ Yes Use this form to report refunds received by the committee or reimbursements for a previous expenditure. 1. Committee Full Name (and Fund if applicable) 2. ID Number DENISE HINES FOR CLERK COMMITTEE 3. Contributor Information Add \square Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) ☐ Candidate PAC ☐ Referendum ☐ Party ADOBE e. Level Registered (Specify) h. Original Expenditure Date 345 PARK AVE ☐ Federal County: SAN JOSE, CA 95110 05/02/2022 ☐ State ■ Municipality: i. Original Expenditure Amt 22.46 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date REFUND FOR SUBSCRIPTION 55.41 **CHANGE** k. Account Code 1. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount D4C2020 Electric Funds Tran 05/16/2022 \$ 11.97 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments ☐ Candidate PAC (include city, state, & zip) Referendum Party LOWE'S HOME CENTER e. Level Registered (Specify) h. Original Expenditure Date 935 HANES MALL BLVD County: ☐ Federal WINSTON-SALEM, NC 27103 04/01/2022 State ☐ Municipality: i. Original Expenditure Amt 583.45 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date RETURNED UNUSED WOOD 541.47 k. Account Code l. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount D4C2020 Electric Funds Tran 04/02/2022 41.98 Add 🔲 3. Contributor Information Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments Candidate PAC (include city, state, & zip) Referendum ☐ Party THE HOME DEPOT e. Level Registered (Specify) h. Original Expenditure Date 1000 HANES MALL BLVD ☐ Federal County: WINSTON-SALEM, NC 27103 04/09/2022 ☐ State ☐ Municipality: i. Original Expenditure Amt 100.00 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date AUGER DID NOT WORK 0.00 k. Account Code 1. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount D4C2020 Debit Card 04/09/2022 S 100.00

4. Total only this Page

5. Total of ALL CRO-1240 Pages

(This line must be on line 10 of Detailed Summary Page CRO-1100)

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153.95

Disbursen						1 of		7. – Y	
Use this form to committees and	o report expenditures I coordinated party ex	from the committee	ee for o	perating exper	ases,	contributi	ons to	o candidat	e/political
1. Committee F	ull Name (and Fund i FOR CLERK COMM	if applicable)			Swa		***************************************	2. ID Nu	nber
3. Type of Disb		use separate CRO				e of Disbu	rsenu	ent.)	
Operating Ex	The second second second	ributions to Candidat					ordina	ted Party Ex	penditures
4. Payee Inform	nation Lailing Address & Pho	* PERSONAL PROPERTY.		Add b. Coordinate		iove			
(include city, sts ACTBLUE P.O. BOX 441140 SOMERVILLE, I	ate, & zip)	me	ansan sidi	c. Level Regis	itered	(Specify)			
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4. Payee Inform	ation	The state of the s		Add 🗆	Rem			DE COLU	Mi Hor,
	ailing Address & Pho	one		b. Coordinates			me	d. Comme	ents
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7. Purpose Co	odes (List detailed	expenditure code	in (h.) :	above)			1		
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I - Postage

					Amendme	ent	
Disbursements	$\mathbf{P}_{\mathbf{g}}$	2_	of	7	☐ Yes	X No	
Use this form to report expenditures from the committee for operating exp	enses .	contrib	nition	as to car	rdidate/no	litical	

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (a	nd Fund	if applicable)						2. ID Nur	nber	
DENISE HINES	FOR CLER	K COMM	ITTEE								
3. Type of Disbu	ırsement	(Please	use separate CRO	7-1310	fonns for eac	h tvo	e of Disbu	rseme	ut.)		+ 1
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DIGITAL GRAP		LLC	***************************************								
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UNIT 113					☐ Federal		County:				
LONGWOOD, FL 32750					State		☐ Municip	ality:	e. Election	n Sum to Dat	e
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E - Salaries		- Equipm			itical Party					ffice Expens	
I - Postage O* Other	J -	Penaltie	S	K* - 0	ffice Expense:	S	Q* - D	onatio	n to Lega	l Expense Fu	nd
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The second secon			June Car Cit	- market Al	man for			2770			1000

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	uuso		11.5

				Amendme	ent	
Pg	3	of	7	☐ Yes	X No	

Use this form to report expenditures from the committee for operating expenses, contributions to candidate political committees and coordinated party expenditures

1. Committee Fundaments of the Property of the	ıll Name (a	nd Fund		**************		***************************************			2. ID Nun	iber
3. Type of Disbu	rsement	Please	use separate CR(21316	forme for par	li trae	of Diebu	ream.	met)	ASSESSED A SECUL
Operating Exp		***************************************	ributions to Candida	*************	************************		*****************	***********	ed Party Ex	nonditures
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a. Full Name, Ma		ess & Ph	one		b. Coordinate		CALL STREET	ame	d. Comme	nts
(include city, sta									THE COLUMN	
FACEBOOK		***************************************	***************************************	***************************************						
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MENLO PARK, (CA 94025				☐ Federal		County			
					☐ State] Municip	ality:	e. Election	Sum to Date
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f. Account Code	g. Form of	Payment	h. Purpose Code	i, Date	e (mm/dd/yyyy)	j. Am	ount	k. Re	quired Rei	narks
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4. Payee Informa	ation	HILL STATE			Add 🗆	Remo	ve	BE.	* IT 200	
a. Full Name, Ma	iling Addr	ess & Ph	one		b. Coordinate			ıme	d. Comme	nts
(include city, sta	te, & zip)	***************************************]		***************************************	*************		•••••••••••••••••••••••••••••••••••••••
FACEBOOK										
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MENLO PARK, (CA 94025				☐ Federal	F	County:		777	
					☐ State	<u>L</u>	Municip	ality:	e. Llection	Sum to Date
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			Summary Page CRO			rty Exp	enditures)			
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A* - Media E - Salaries		- Printin	-		undraising				ner Candid	
L - Salanes I - Postage		- Equipm Penaltie			litical Party					fice Expenses
O* Other	J ~	T ATTENDE	:a	N" - (Office Expense	5	Q* - D	onatio	n to Legal	Expense Fund
	detailed e	xplanatie	n in required ren	arks f	ield (k)	4,128	19,9490	F2050	35-34 (027-11	ALC: THE RESIDEN
CDO 1210			370.0			-		-		

Th. 1		Amendme	ent
Disbursements	Pg <u>4</u> of <u>7</u>	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	ull Name (and Fund		.,				2. ID Numbe	r
DENISE HINES	FOR CLERK COMM	ITTEE						
3. Type of Disb	amomont (Planta	use separate CR(1 1 21 A famua fau		· · · · · · · · · · · · · · · · · · ·			
Operating Ex		ributions to Candida	******* ***************************	*********	***********************	************	**************************	·····
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	ailing Address & Ph	one		nata	d Committee N	0.700.0	d. Comments	
(include city, st		0110	- Court		T CAMIMITIEE 11	aure	a. Comment	\$
HOTCARDS								
2400 SUPERIOR	AVE EAST		c. Level R	egis	tered (Specify)			
CLEVELAND, C	OH 44114		☐ Federa	1	County			
			☐ State		☐ Municij	pality.	e. Flection S	um to Date
							s	543.20
f Account Code	g. Form of Payment	h Pumosa Cada	i. Date (mm/dd/y)			1. 10	quired Rema	
D4C2020	Debit Card	В	1	73)	\$ 543.20	+	***************************************	PNS
D102020	Debit Card	В	04/12/2022	04/12/2022		PAL.	M CARDS	
					\$			
4. Payee Inform		Transle Sie	☐ Add ☐		Remove	A VAI		Western Heart
	ailing Address & Ph	one	b. Coordin	nated	i Committee N	ame	d. Comments	
(include city, sts								
LOWE'S HOME								
935 HANES MA			34444	**********	tered (Specify)			
WINSTON-SALI	EM, NC 27103		☐ Federal	l	County		F2 41 F2	
			LI State		Alraner	xanty:	e. Election St	ım to Date
							\$	541.47
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4. Payee Inform	ation	Mark State of the Control of the Con	□ Add □		Remove			
	ailing Address & Ph	nne			Committee N		d. Comments	S Paris of the last of
(include city, sta	-		U. C.		Committee	ame	d. Comment	
LOWE'S HOME								
145 HARMON C			c. Level Re	egist	ered (Specify)			
KERNERSVILLI	E, NC 27234		☐ Federal		County:			
			☐ State		☐ Municip	ality:	e. Election St	ım to Date
							S	137.18
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (namáld/m		1 Amount	le Re	quired Remar	
D4C2020	Debit Card	0	04/02/2022	Т	\$ 62.32	************	D FOR YARD	*******************************
						WOC	D FOR TAKE	SIGNS
D4C2020	Debit Card	0	04/02/2022		\$ 74.86		WS FOR LAR	GE
5. Total only thi	o Paga	B. Bell A. B. William	AVERS OF THE RES	-3,50		SIGN		
			A STATE OF THE STA				\$	1,263.83
	CRO-1310 Pages	CASE OF THE	Street Company					
(I his line goes i	n line 13a of Detailed S	ummary Page CRO	1100 if Operating E	хрен	1363)		\$	8,827.95
(I his line goes i	n line 13b of Detailed S n line 13c of Detailed S	ummary Page CRO- ummary Page CRO-	-1100 if Contrib to C	andi Don	dates/Political C	онин)		,
	odes (List detailed			1 4 (27)	ij Expenditures)	. 530	- C.	rice in the co
A* - Media	B* - Printin		m (h.) above) C* - Fundraising	527	n T-	A24	· · · · · · · · · · · · · · · · · · ·	
E - Salaries	F* - Equipme	•	G - Political Party	-			ner Candidate Public Offic	Frances
I - Postage	J - Penaltie		K* - Office Exper				n to Legal Ex	
O* Other			-		χ - Β	-a-milli	·· in rinBar try	hense tana
* Codes require	e detailed explanation	n in required rem	arks field (k)		To entire and	846	Hasisini	
	e detailed explanation	n in required rem	arks field (k)		Ty HTE SESSION	250	mas Sur E	

Disbursem	ents				D-	5 of	7	Amend	
	report expenditures	from the committe	e for o	perating exper	_				
	coordinated party ex ull Name (and Fund i							2 ID Norm	
	FOR CLERK COMM		**************					2. ID Num	per
2 Tr	(Diame)	CD	1.1210	C		CD/-1			
3. Type of Disbu Operating Exp	***************************************	us <i>e separate CRC</i> ributions to Candidat	*************	***************************************	i np		**********	ed Party Ext	sanditures
4. Payee Inform				Add 🗆	Ren	nove			
	ailing Address & Ph	one		b. Coordinate	d Co	mmittee Na	me	d. Comme	ats
(include city, sta	***************************************								
SHAVER POLIT 3850 HEATHER	ICAL CONSULTANT			c. Level Regis	tered	(Specify)		1	
WINTON SALE				☐ Federal		County:			
	,			☐ State		☐ Municip	ality:	e. Election	Sum to Date
								S	3,700.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/yyyy)	j. Aı	mount	k. Re	quired Ren	ıarks
D4C2020	Cash	Е		4/27/2022	S	1,700.00	*************	***************************************	
D4C2020	Cash	E	0	5/25/2022	s	1,500.00			
4. Payee Inform	ation	VAN SO E		Add 🗆	Ren	iove		32 (c) (c)	
	ailing Address & Ph	one		b. Coordinate			me	d. Comme	nts
SHAVER POLIT 3850 HEATHER WINTON SALEI				c. Level Regis Federal State	tered	County:		e. Election	Sum to Date
								s	3,700.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/yyyy)	j. Aı	mount	k. Re	quired Ren	arks
D4C2020	Cash	Е	С	6/08/2022	\$	500.00			***************************************
					s				
4. Payee Inform	ation			Add 🗆	Ren	nove		A 27	as the same
a. Full Name, M	ailing Address & Ph	one	463	b. Coordinate	d Co	mmittee Na	me	d. Comme	nts
(include city, sta	ıte, & zip)								
STAPLES 210 HARMON C	BEEK BOAD			c. Level Regis	tered	(Specify)			
KERNERSVILLI				☐ Federal	*********	County:			
				☐ State		☐ Municip	ality:	e. Election	Sum to Date
								S	69.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	- (mm/dd/yyyy)	j. A	mount	k Re	quired Ren	ıarks
D4C2020	Debit Card	В	C	4/13/2022	S	69.54	PAL	M CARDS	
					S		,		
5. Total only thi	is Page			A SEAL				S	3,769.54
6. Total of ALL	CRO-1310 Pages						NEW Y		
(This line goes	in line 13a of Detailed S in line 13b of Detailed S	Summary Page CRO	-	f Contrib to Cana	lidate		омімі)	\$	8,827.95

O* Other

A* - Media

E - Salaries

I - Postage

C* - Fundraising

G - Political Party

K* - Office Expenses

7. Purpose Codes (List detailed expenditure code in (h.) above)

* Codes require detailed explanation in required remarks field (k)

B* - Printing

J - Penalties

F* - Equipment

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Dishaman		lmendment	1
Disbursements	Pg <u>6</u> of <u>7</u>	□ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	ull Name (and Fund FOR CLERK COMM					***************************************	2. D Nur	nber	
DENISE HINES	FOR CLERK COMM	HIEE							
3. Type of Disbu	irsement (Please	use separate CRO	-1310 forms for	each typ	e of Disbu	rseme	nt.)	- husails	3 3 3
Operating Exp		ributions to Candidat			***********		ed Party Ex	penditure	s
4. Payee Inform			☐ Add ☐	Ren	nove	11 -	ale se	Treations.	
	ailing Address & Ph	one	b. Coordin	nated Co	mmittee N	ame	d. Comme	ents	111111111111111111111111111111111111111
(include city, sta		***************************************		***************************************	***************************************			***************************************	**************
THE HOME DEF									
4425 W WENDO					(Specify)		ĺ		
GREENSBORO,	NC 27407		☐ Federal	L	County		777 (1		_
			L state	*********	III tetenteit	vaury:	e. Election	1 Sum to	Date
							\$		103.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	yy) j. A	mount	k Re	quired Res	marks	
D4C2020	Debit Card	F	04/04/2022	\$	103.49	AUGI	ER TO DIC	HOLES	*************
				S		ı	SIGNS		
4 D Y C									
4. Payee Inform		Mary Mary Control	Add		iove	E HE			#H-1
a. run Name, Ma (include city, sta	alling Address & Ph	one	b. Coordin	rated Co	mmittee N	ime	d. Comme	nts	
THE HOME DEP	······								
1000 HANES MA	- -		c. Level Re	pristered	(Specify)				
WINSTON-SALE			☐ Federal	***********	County:				
	, 1.0 27105		☐ State				e. Election	Sum to	Date
							Ŝ		*******************
							3		0.00
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy		nount	k. Rec	quired Rer	narks	
D4C2020	Debit Card	F	04/09/2022	S	100.00		ER FOR H	OLES FO	R
				S		SIGN	S		
4. Payee Informa	ation	Circles of the	□ Add □	Rem	ove		Car Str	AU ETEN	E 25
	iling Address & Pho	one		The state of the s	nmittee Na	me	d. Comme	nts	I PER ID
(include city, sta			***************************************						
THE HOME DEP	ОТ								
2300 N MAIN ST			c. Level Re						
HIGH POINT, NO	27262		☐ Federal		County:				
			☐ State	•••••••••	☐ Municip	ality:	e. Election	Sum to l	Date
							\$		103.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/vy-	we) i An	nount	k Rea	uired Ren		
D4C2020	Debit Card	F	04/10/2022	\$	103.49	***********	R FOR HO	******************	
			04/10/2022		103.49	SIGNS		JLES FU	K
				\$		OTOTAL	fs.		
5. Total only this	Page					Charles .	\$		306.98
5. Total of ALL	CRO-1310 Pages				WAY DO				
(This line goes in	line 13a of Detailed S	ummary Page CRO	1100 if Operating E:	xpenses)			c	0.4	00505
(This line goes in	line 13b of Detailed S	ummary Page CRO	1100 if Contrib to C	andidates	Political Co	enum)	\$	8,	827.95
	t line 13c of Detailed Si			Party Ex	penditures)				
7. Purpose Co	des (List detailed	expenditure code i	n (h.) above)				PARTY OF THE PARTY	121 H (31 H)	
4* - Media	B* - Printin	3	C* - Fundraising		D-To	Anoth	er Candid:	ate	
E - Salaries	F* - Equipme		G - Political Party				Public Of		nses
- Postage	J - Penalties		K* - Office Expen	IS e s			ı to Legal		
O* Other * Codes require	detailed avalances	In manufact		82225 C	A 5 PAGE				
TRO_1 210	detailed explanation	i ui requirea rema	irks neid (k)	WIGHT !	Sales Neglet	IN EUR			II VOI

Disbursem	ents			Pg 7 of	7	Amen		
Use this form to	report expenditures	from the committe	ee for operating expen	ses, contributi	ons to	_		
	coordinated party ex			1			•	
1. Committee Full Name (and Fund if applicable)							ber	
DENISE HINES	FOR CLERK COMM	ITTEE						
3. Type of Disbu	***************************************)-1310 forms for each	type of Disbu	rseme	<u>nt.)</u>		
Operating Exp	penses	ributions to Candidat	es/Political Committees	□ C ₀	ordinate	d Party Exp	enditures	
4. Payee Inform			☐ Add ☐	Remove		The Che	avi glasavag	
a. Full Name, Ma	ailing Address & Ph	one	b. Coordinate	d Committee N	ame	d. Comments		
(include city, sta	te, & zip)							
Vantiv, LLC								
8500 GOVERNO	RS HILL DRIVE			tered (Specify)				
SYMMES TOWN	NSHIP, OH 45249		I	☐ Federal ☐ County:				
			☐ State	☐ Munici	pality:	e. Llection	Sum to Date	
						\$	177.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	uired Ren	ıarks	
D4C2020	Electric Funds Tran	О	04/11/2022	\$ 87.16 TRANSACTION FEE			FEE	
D4C2020	Electric Funds Tran	О	06/09/2022)22 \$ 53.94 TRANSACTION FEE				
5. Total only thi	s Page					s	141.10	
6. Total of ALL	CRO-1310 Pages							
(This line goes i	n line 13a of Detailed S	Summary Page CRO	-1100 if Operating Expen	nses)	N3	*	0.027.05	
			-1100 if Contrib to Cand		omm)	S	8,827.95	
(This line goes i	in line 13c of Detailed S	ummary Page CRO-	-1100 if Coordinated Par	ny Expenditures)				
7. Purpose Co	odes (List detailed	expenditure code	in (h.) above)		JAMES !		Av. E. F.	
A* - Media	B* - Printin	g	C* - Fundraising	D - To	Anoth	ner Candid	ate	
			G - Political Party	2			fice Expenses	
			K* - Office Expenses	s Q*-D	onatio	n to Legal	Expense Fund	
O* Other								
	e detailed explanatio							
CRO-1310		NC S	tate Board of Elections				December 2009	

Amendment

Aggregated	Non-Media	Expenditures
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Amendment
☐ Yes ☑ No Page __1__ of __1__

Ontional form used to report NC Non-Media Expenditure

		ort NC Non-Media		of \$50 or less.				
1. Committee Full Name (and Fund if applicable)				2. ID Number				
DENISE HINES FOR CLERK COMMITTEE								
3. Payee Inf				PART IN SE		7 /4 中国农民营业公司		
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks		
□ Add □ Remove	D4C2020	Electric Funds Tran	0	05/04/2022	\$ 9.76	TD AND A COLON FEED		
□ Add □ Remove	D4C2020	Electric Funds Tran	0	06/03/2022	\$ 29.64	TRANSACTION FEE		
Add Remove	D4C2020	Debit Card	K	04/03/2022	\$ 27.24	LUNCH FOR SIGN		
☐ Add ☐ Remove	D4C2020	Debit Card	Н	04/28/2022	\$ 17.62	WATER AND		
□ Add □ Remove	D4C2020	Electric Funds Tran	0	05/10/2022	\$ 13.36	TD AND ACTION FEE		
□ Add □ Remove	D4C2020	Electric Funds Tran	0	02/28/2022	\$ 10.00	MONTHLY SERVICE FEE		
□ Add □ Remove	D4C2020	Electric Funds Tran	ко	05/31/2022	\$ 10.00	MONTHLY SERVICE FEE		
☐ Add ☐ Remove	D4C2020	Electric Funds Tran	0	06/30/2022	\$ 10.00	MONTHLY SERVICE		
4. Total only this Page					S	127.62		
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	127.62		
		letailed expenditur		bove)		Called Control of the last		
E - Salar I - Posta O* - Otl	ies F* ge J-I	- Printing - Equipment Penalties	C* - Fundra G - Political K* - Office	Party H* - Expenses Q* -	o Another Car Holding Publ Donations to	ndidate lic Office Expenses Legal Expense Fund		
* Codes	require detail	ed explanation in						
CRO-1315		NC Sta	te Board of Election	18		December 2009		

December 2009

Refunds/Reimbursements From the Committee Pg 1 of 1							Amendment Yes X No		
Use this form to report refunds/reimbursements, including contributions returned to the contributions. 1. Committee Full Name (and Fund if applicable) DENISE HINES FOR CLERK COMMITTEE							2. ID Number		
3. Payee Informa	tion	18		Add 🗖 R	emove	CON.	Tank M		
a. Full Name, Mailing Address & Phone (include city, state, & zip)				d. Type of Com	mittee PAC	g. Comments			
KEN TISDALE 313 BANBURY ROAD WINSTON-SALEM, NC 27104				Referendum Party e. Level Registered (Specify) Federal County: State Municipality:			h. Original Receipt Date 06/18/2022		
							i. Original Receipt Amount \$ 500.00		
b. Job Title/Profession c. Employer's Name/Specific Fie			Name/Specific Field	f. Purpose Code		j. Election Sum to Date			
		GRACE, TISDAL	E & CLIFTON	L		S		500.00	
k. Account Code	1. For	m of Payment	m. Required Remai	rks	n. Date (mm/dd/y	322)	o. Amount		
D4C2020	Electric	Funds Tran	06/18/2022				S	500.00	
4. Total only this Page						\$		500.00	
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)						\$		500.00	
6. Purpose Cod	les (List	t detailed disbu	rsement code in (f) a	bove)			TO A STATE OF		
THE RESERVE AND ADDRESS OF THE PARTY OF THE	ement c	of In-Kine O*			N - Exceed	ded C	ontibution l	Limit	
CRO-1320	e detail	led explanation	in required remark:	s field (m)		12/12		11 5007	
C1CV-1340			INC DIRECT DOS	IG OF ELECTIONS				July 2007	