Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

FORSYTH COUNTY

Pull Name OAN BESSE COMMITTEE Mailing Address (include City				c. ID Number
Mailing Address (include City		2022 JAN 20	PM 2: 4.1	000-9C08C4-0-000
Mailing Address (include City				74000 000 0000000 0000000 po VIII 000000 00
	, State and Zip C	Code) PEOL	IVED	d. Date Filed
O BOX 15306		a de designate de la company d	is V laster	01/17/2022
/INSTON-SALEM, NC 271	13			e. Phone Number
				(336) 687-0193
Report Year 3. Period Start	Date (mm/dd/vy) 4. Period E	nd Date (mm/dd/yy) 5.	Treasurer Full Name
	7/01/2021			CK H CAMPBELL JR
2021). Type of Report	(check only one typ	e of report from one category)
Type of Committee (Check O		Municipal	State/County	Referendum
	´ -	Organization	al Organizational	☐ Organizational
Joint I thirth those		Thirty-five of		☐ Pre-referendum
		Pre-primary	First	☐ Final
"Booster Fund"		Pre-election	Second	☐ Supplemental Final
	13	Pre-runoff	Third	Annual
Building Fund Presidential Election Year Cand		Semi-annual	Fourth	☐ Special
NC Public Campaign Financing		☐ Mid Yea	r Semi-annual	
THE I done campaign		Year En	d Mid Year	10. Special Report Na
Other:		Final	Year End	
. Number of Fundraisers this	Report	☐ Special	☐ Final	*
			☐ Special	
1				
. Account Information			3. Account Information a. Financial Institution	Full Name
a. Financial Institution Full Na FIRST NATIONAL BANK	ille			
FIRST NATIONAL BANK				c. Account Code
	c. Account Cod	e	b. Purpose	c. Account Code
GENERAL CAMPAIGN	N	B-1		
GENERAL CAMPAIGN	2.53			d. Period Begin Balanc
GENERAL CAMPAIGN	d. Period Begin	Balance		
GENERAL CAMPAIGN PURPOSES	2.53			d. Period Begin Balance
GENERAL CAMPAIGN PURPOSES CERTIFICATION I certify that the Committee	d. Period Begin s or Fund is in co eral Statutes and this report is co	500.98 mpliance with all a that no funds are mplete, true and complete.	commingled with broth	f Article 22A, 22B & 22D-22M or ibited or other non-disclosed been trained by the NC State Box 01/17/2022
Chapter 163 of the NC Gene funds. I further certify that	d. Period Begin s or Fund is in co eral Statutes and this report is co	500.98 mpliance with all a that no funds are mplete, true and complete.	correct and that I have be	f Article 22A, 22B & 22D-22M or ibited or other non-disclosed peen trained by the NC State Board of the Company of the NC State Board of the Company of the NC State Board of the Company of the NC State Board of the NC St
GENERAL CAMPAIGN PURPOSES CERTIFICATION I certify that the Committee Chapter 163 of the NC Gene funds. I further certify that FOR OFFICE USE ONLY	d. Period Begin s or Fund is in co eral Statutes and this report is co	mpliance with all a that no funds are mplete, true and c	commingled with profits orrect and that I have be considered and the I have be considered and the I have be considered and the I have be commingled with profits or the I have be considered and I have be	f Article 22A, 22B & 22D-22M or ibited or other non-disclosed peen trained by the NC State Box of the NC S
CERTIFICATION I certify that the Committee Chapter 163 of the NC Gene funds. I further certify that	d. Period Begin s or Fund is in co eral Statutes and this report is co	500.98 mpliance with all a that no funds are mplete, true and complete.	commingled with profits orrect and that I have be considered and the I have be considered and the I have be considered and the I have be commingled with profits or the I have be considered and I have be	f Article 22A, 22B & 22D-22M or ibited or other non-disclosed open trained by the NC State Box 201/17/2022 The Delivery Method Normal Mail
CERTIFICATION I certify that the Committee Chapter 163 of the NC Gene funds. I further certify that TACK CAMPO Printed Name of FOR OFFICE USE ONLY Date Received:	d. Period Begin s or Fund is in co eral Statutes and this report is co	mpliance with all a that no funds are mplete, true and c	commingled with profits orrect and that I have be considered and that I have be considered from the consid	f Article 22A, 22B & 22D-22M or ibited or other non-disclosed been trained by the NC State Box 22D-22M or ibited or other non-disclosed been trained by the NC State Box 2D-22D Date Delivery Method Normal Mail Registered Mail
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CERTIFICATION I certify that the Committee Chapter 163 of the NC Gene funds. I further certify that TACK CAMPOR Printed Name of FOR OFFICE USE ONLY Date Received: Date Postmarked:	d. Period Begin s or Fund is in co eral Statutes and this report is co	mpliance with all a that no funds are mplete, true and complete in the sign of	commingled with profits orrect and that I have be correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and that I have be considered from the correct and t	f Article 22A, 22B & 22D-22M or ibited or other non-disclosed been trained by the NC State Box of the NC S

Amendment ☐ Yes X No

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

1. Committee Full Name (and Fund if applicable) DAN BESSE COMMITTEE	2. Type of Rep 2021 Year En	 i-Annual 0	000-9C08C4-0-000		
Start of Election Cycle: January 1,		Total this orting Period		Total this ection Cycle	
4) Cash on Hand at Start		\$ 500.98	\$	22,700.98	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$	49.66	
6) Contributions from Individuals	(CRO-1210)	\$ 18,332.75	\$	18,969.15	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 2,000.00	\$	2,000.00	
9) Loan Proceeds	(CRO-1410)	\$ 5,000.00	\$	5,000.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$	0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$	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)	\$ 0.00	\$	0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$	0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11	c,11d and 11e)	\$ 25,332.75	\$	26,018.81	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 3,695.07	\$	3,695.07	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 700.00	\$	14,900.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$	0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$	0.00	
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$	8,000.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$	0.00	
7) In-Kind Contributions	(CRO-1510)	\$ 47.75	\$	733.81	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 4,442.82	\$	27,328.88	
19) Cash on Hand at End (Add lines 4 and 12 together, then s	Annual Control of the	\$ 21,390.91	\$	21,390.91	
ADDITIONAL INFORMATION			iketi te		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	1800		
21) Outstanding Loans (incl. ones from other campaigns	(CRO-1430)	\$ 5,000.00			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00			
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00			
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00			
25) Administrative Support	(CRO-1710)	\$ 0.00	\$	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-1215)	\$ 0.00	\$	0.00	

				Amendment				
Pg _	1	of	30	☐ Yes	X No			

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

1. Com	nittee Full Name	and Fund if applicable	•)			2. ID Number		
	ESSE COMMIT					0	00-9C08C	4-0-000
3. Conti	ributor Informatio	on a constant of the constant		Add 🗆 Ren				
	lame, Mailing Add			b. Job Title/Pro		d. C	omments	
	de city, state, & zi	p)		CONSULTANT				- 1
Character Street	ME ADAMS BANNER AVE			c. Employer's Name/Specific Field				- 1
	ON-SALEM, NO	27127		SELF				
	_					e. El	ection Sun	n to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	NB-1	Check			10/06/2021		\$	100.00
							\$	*
							\$	
(0.000) (0.000) (0.000)	ributor Informati				move			
	Name, Mailing Add			b. Job Title/Pro		d. C	omments	
	ide city, state, & z	***		NOT EMPLO	YED			
	D ELLIOTT BEL LYNDHURST AV			c. Employer's Name/Specific Field			**	
	TON-SALEM, N			NOT EMPLOYED				
102 755 545							lection Sur	n to Date
						\$		3,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	NB-1	Credit Card			09/26/2021		\$	1,000.00
	NB-1	Credit Card			11/12/2021		\$	1,000.00
	NB-1	Credit Card			12/29/2021		\$	1,000.00
200000000000000000000000000000000000000	tributor Informati				move	1		
	Name, Mailing Ad			b. Job Title/Pr		d. C	Comments	
	ude city, state, & z	ир)		ATTORNEY				
	BESSE OX 15306			c. Employer's	Name/Specific Field			
	TON-SALEM, N	C 27113		SELF EMPL	OYED		Dection Su	m to Date
(336)	760-4678					\$	acciton Su	6,045.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	7)	k. Amoun	t
	NB-1	Check	Control of the Contro		07/29/2021		\$	1,000.00
	NB-1	Credit Card			09/21/2021		\$	10.00
	NB-1	Credit Card			11/03/2021		\$	25.00
4. To	tal only this Pa	age			e personal de la composición del la composición del composición de la composición del composición del composición de la composición del composición del composición del composición del composición dela composición del composición del composición del composición del	\$		4,135.00
5. To	tal of ALL CR	O-1210 Pages e 6 of Detailed Summary	Page CRO-1100			\$		18,332.75

Amendment 30 ☐ Yes X No

T .1. C .			OFO -		dan \$50 if farm	CPO 1205 is no	at used
Jse this form to repor	t individual	contributions	over 550 c	or contributions	under \$50 II form	CRO 1203 IS 110	Ji useu

t. Comn	ittee Full Name	(and Fund if applicable	e)			2. 11) Number	
	ESSE COMMIT					0	00-9C08C	4-0-000
3. Contr	ibutor Informatio	on		Add Ren	nove			
	ame, Mailing Add			b. Job Title/Pro	fession	d. C	omments	
(includ	de city, state, & zi	ip)		ATTORNEY				
DAN B	ESSE							
PO BO	X 15306			c. Employer's N	lame/Specific Field	-		
	ON-SALEM, NO	27113		SELF EMPLO	OYED	- 10	ection Sur	. 4. D.4.
(336)76	50-4678					e. Ei	ection Sur	n to Date
						\$		6,045.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	NB-1	Credit Card			11/22/2021		\$	10.00
							\$	
							\$	
3 Contr	ibutor Informati	on		Add \square Ren	move			
	a. Full Name, Mailing Address & Phone				ofession	d. C	omments	
	de city, state, & z			RETIRED				
PEGGY	BESSE							
		LUB DR, APT 3113		c. Employer's	Name/Specific Field			
WINST	ON-SALEM, N	C 27103		RETIRED		- 12	lection Su	u to Dota
						e. E	lection Su	n to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)	k. Amoun	
	NB-1	Check			11/12/2021		\$	500.00
_								
							\$	
							\$	
3. Conti	ributor Informati	ion - Alexander de la lace		Add 🗆 Re	move			
a. Full N	lame, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. C	omments	
	de city, state, & z	cip)		LANDLORD				
	IY BLACK			o Employer's	Name/Specific Field			
	ERTFORD RD	0.05104		SELF	rvaine/specific riciu			
WINS	ΓON-SALEM, N	C 2/104		SELF		e. I	lection Su	m to Date
						•		50.00
						\$		
f. Prior	g. Account Code		i. In-Kind De	scription	j. Date (mm/dd/yyyy	7)	k. Amoun	t
	NB-1	Credit Card			12/11/2021		\$	50.00
							\$	
							\$	
4. Tot	al only this Pa	age			Property and the	\$		560.00
5. Tot	al of ALL CR	O-1210 Pages e 6 of Detailed Summary	Page CRO-1100			\$		18,332.75
CRO-1				Board of Elections	8		the state described	April 200

					Amendment			
duals	Pg	3	of	30	☐ Yes	No No		

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

1. Comr	nittee Full Name	(and Fund if applicable	9)	english salaman and the		2. 11	2. ID Number	
DAN B	ESSE COMMIT	TEE		91	-	000-9C08C4-0-000		
Service and the service and th	ributor Informatio							
	ame, Mailing Add			b. Job Title/Profession			comments	
	de city, state, & zi	(p)		RETIRED OWNER				
	Y L BONENO ANNAFORD RD)		c. Employer's Name/Specific Field				
	ON-SALEM, NO			HOUSE OF PLANTS				
	e odvolij					e. E	lection Sum	to Date
						\$		500.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	NB-1	Check			08/20/2021		\$	100.00
	NB-1	Check			09/21/2021		\$	100.00
	NB-1	Check			11/19/2021		\$	100.00
or contributor array married								
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Pr		d. C	Comments	
	ide city, state, & zi Y L BONENO	· P		RETIRED O	WNEK			
	Y L BONENO IANNAFORD RI)		c. Employer's	Name/Specific Field	1		
	TON-SALEM, NO			HOUSE OF	PLANTS		la oti C	to Det
							Dection Sum	
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	NB-1	Check			11/25/2021		\$	100.00
	NB-1	Check			12/12/2021		\$	100.00
							\$	
A CONTRACTOR OF THE PARTY OF TH	ributor Informati				emove		100	
BOOK STATE OF THE PARTY OF THE	Name, Mailing Add			b. Job Title/Pr		d. (Comments	
	ade city, state, & z BURCAW	a D		CHURCH EX	AECUTIVE			
	BURCAW BARNSTABLE R	D		c. Employer's	Name/Specific Field			
	SVILLE, NC 270			MORAVIAN			Dection Sum	to Deta
				SOUTHERN	N PROVINCE		dection sum	
						\$		100.00
f. Prior			i. In-Kind Des	scription	j. Date (mm/dd/yyyy))	k. Amount	
	NB-1	Credit Card			09/21/2021		\$	100.00
			2				\$	
							\$	
4. To	tal only this Pa	ige			A CONTRACTOR STREET	\$		600.00
5. To	tal of ALL CR	O-1210 Pages	Page CRO-1100			\$	1	18,332.75

Amendment **Contributions from Individuals** 30 ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	nittee Full Name	(and Fund if applicabl	e)	a second and the second	Editoria e aprico, programares	2. 1	D Number
DAN E	BESSE COMMIT	TEE				(000-9C08C4-0-000
3. Cont	ributor Informati	on		Add Re	move		necessity and delicated the second
	lame, Mailing Add			b. Job Title/Pr	ofession	d. (Comments
	de city, state, & z			NOT EMPLO	OYED		
	ANGLEBROOK			c. Employer's	Name/Specific Field		
	MONS, NC 270			NOT EMPLO	OYED		
						e. F	dection Sum to Date
						\$	75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	NB-1	Credit Card			11/29/2021		\$ 75.00
							\$
							\$
- DESCRIPTION OF THE PROPERTY OF	ributor Informati			Add 🔲 Re	move		
a. Full Name, Mailing Address & Phone			eleng bos	b. Job Title/Pr	ofession	d. (Comments
	de city, state, & z	-		RETIRED			
	H CAMPBELL J	R		a Employaria	Name/Specific Field		
Annual Control of the	TRADE ST. TON-SALEM, NO	27101			vame/specific Field		
WINS	ON-SALEM, NO	2/101		RETIRED			Dection Sum to Date
						\$	1,118.81
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
		In-Kind	POSTAGE		07/30/2021		\$ 4.15
		In-Kind	POSTAGE		08/23/2021		\$ 3.60
	NB-1	Credit Card			08/26/2021		\$ 25.00
3. Cont	ributor Informati	on		Add Re	move		
a. Full N	ame, Mailing Ado	iress & Phone		b. Job Title/Profession			Comments
(inclu	de city, state, & z	ip)		RETIRED			
	H CAMPBELL J	R			N		
	TRADE ST.	27101			Name/Specific Field		
WINS	ON-SALEM, NO	2/101		RETIRED		e. E	Dection Sum to Date
						\$	1,118.81
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	NB-1	Check			11/30/2021		\$ 1,000.00
							\$
							\$
4. Tot	al only this Pa	ge				\$	1,107.75
5. Tot	al of ALL CR	**************************************	Page CRO-1100)			\$	18,332.75

Pg 5 of 30 Amendment Yes No

Jse this f	form to report	individual contributions	over \$50 or contr	ibutions under \$5	0 if form CRO	1205 is not used
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1. Com	nittee Full Name	(and Fund if applicabl	e)		patrosinia daganada da historia	2. I	D Number		
DAN B	ESSE COMMIT	TEE					000-9C08C4-0-000		
3. Conti	ributor Informati	on		Add Ren	nove		meaning about 1984		
	ame, Mailing Add			b. Job Title/Profession			Comments		
	de city, state, & zi			NOT EMPLOYED					
	BETH CARLSO			c Employer's N	Name/Specific Field				
	UENA VISTA R ON-SALEM, NO			NOT EMPLO	-				
WINDI	ON-BALLINI, IN	27100		NOT EMPLE	TED	e. E	lection Sum to Date		
							250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	NB-1	Credit Card			09/21/2021		\$ 250.00		
							\$		
							\$		
3. Conti	ibutor Informati	on		Add 🔲 Ren	move		lancer representation of the second		
a. Full Name, Mailing Address & Phone			b. Job Title/Pro	ofession	d. C	Comments			
(inclu	de city, state, & z	ip)		RETIRED					
	BETH H CARTE				Vaa/Saiga Field				
Acceptance of the control of the con	OCKWOOD DR			RETIRED	Name/Specific Field				
WINSI	ON-SALEM, NO	2/103					lection Sum to Date		
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	NB-1	Check			10/03/2021		\$ 50.00		
							\$		
	_						\$		
	ributor Informati			Add 🗆 Rei	move		no indicamental and a		
The state of the s	ame, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments		
	de city, state, & z	ip)		NOT EMPLO	YED				
	IE CLARK /ATSON AVE			c. Employer's	Name/Specific Field				
	ON-SALEM, NO	C 27103		NOT EMPLO					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01. 01.22, 1	2.100		l to I Bill B		e. E	dection Sum to Date		
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	NB-1	Credit Card			10/02/2021		\$ 50.00		
							\$		
							\$		
4. Tot	al only this Pa	ge				\$	350.00		
		O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$	18,332.75		

Amendment

Contributions from Individuals

Pg 6 of 30 Ves

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	le)			2.1	D Number		
	BESSE COMMIT						000-9C08C4-0-000		
3. Cont	ributor Informati	on		Add □ Re	move				
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. (Comments		
	ide city, state, & z	ip)		RETIRED					
	TANCE CLINE OCKWOOD DR			c. Employer's Name/Specific Field					
	TON-SALEM, N			RETIRED	Name/Specific Nicit	1			
WINS	TON-SALLIVI, IN	C 2/103		KETIKED		e. I	Dection Sum	to Date	
						\$		50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	NB-1	Check		7	10/03/2021		\$	50.00	
							\$		
							\$		
_				Add 🗆 Re					
	a. Full Name, Mailing Address & Phone			b. Job Title/Pr	ofession	d. (Comments		
	ide city, state, & z			RETIRED					
	RT M COLLETT								
	AKE POINT DR				Name/Specific Field	-			
WINS	TON-SALEM, NO	C 27103		RETIRED		o I	Dection Sum	to Doto	
						e. 1	action Sum	to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	NB-1	Credit Card			11/04/2021		\$	100.00	
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	Name, Mailing Add			b. Job Title/Pr	ofession	d. (Comments		
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	CORN								
	HESTNUT WAY				Name/Specific Field	-			
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		•				\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	NB-1	Credit Card			09/28/2021		\$	100.00	
							\$		
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4. Tot	al only this Pa	ge				\$		250.00	
200000000000000000000000000000000000000	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$	1	8,332.75	

Pg 7 of 30 Amendment Yes X No

se th	is f	orm to ren	ort individual	contributions	OVAT \$50	or contributions	undan CEC	: f fa	CDO 120	\F := +	- 1
De th	10 1	omitto rep	ort marvidual	Commontons	0 4 61 930	of continuutions	under 530	и погти	CKU IZU	is not use	ea.

1. Com	mittee Full Name	(and Fund if applicab	le)	and a street at	ider des il formi erro	12	ID Number
	BESSE COMMIT						000-9C08C4-0-000
3. Cont	ributor Informati	ОЛ		Add 🔲 Re	move		
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/Pr		d. (Comments
(inclu	ide city, state, & z	ip)		REGISTERE	D NURSE		
	CIA CORN			all Development	N 6 16 E 13		
	HESTNUT WAY ΓΟΝ-SALEM, Ν				Name/Specific Field	-	
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	NB-1	Credit Card	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	ND-1	0.000.0000			09/26/2021		\$ 100.00
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	ributor Informati			Add 🔲 Re	move		
A CONTRACTOR OF THE PARTY OF TH	Name, Mailing Add		make in white of	b. Job Title/Pr	ofession	d. (Comments
	ide city, state, & z	ip)		NOT EMPLO	OYED		
	CRUIKSHANK JGBY RD			c. Employer's	Name/Specific Field		
	ΓON-SALEM, NO	C 27106		NOT EMPLO	-		
		27100		NOT LIVIT EX	STLD	e. I	Election Sum to Date
						\$	25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	NB-1	Credit Card			09/15/2021		\$ 25.00
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3. Cont	ributor Informati	on the same of the		Add Re	move		
	lame, Mailing Ado			b. Job Title/Pr	ofession	d. (Comments
	de city, state, & z			PHYSICIAN	ASSISTANT		
	ROOKBERRY F			c. Employer's	Name/Specific Field		
WINST	TON-SALEM, NO	C 27106		TRIANGLE	MEDICAL GROUP		
						e. I	Dection Sum to Date
						\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	NB-1	Credit Card			09/22/2021		\$ 50.00
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4. Tota	al only this Pa	ge	ordinal design			\$	175.00
5. Tota	al of ALL CR		Paga CRO 1100)			\$	18,332.75
This	me musi de un une	o of Delutted Summary 1	age CRO-1100)				

Con	tributions fr	om Individual	8	D	8 of 30		Amendmen	
		ndividual contribution		Pg ontributions u	nder \$50 if form CRO	1205	Yes	■ No
		(and Fund if applicab		chtrioutions u	nder \$50 ir form CRO	VANDALIS IN	ID Number	
	BESSE COMMIT		/				000-9C08C	4-0-000
	tributor Informati				emove			
	Name, Mailing Ad ude city, state, & z			b. Job Title/Pr		d. (Comments	
	CCA DAVIS	···P)		NOT EMPLO	OYED			
	VALLEY CT, UN	IIT B		c. Employer's	Name/Specific Field			
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						e. I	Dection Sum	to Date
						\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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Ľ					09/27/2021		\$	50.00
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3. Cont	tributor Informati	on		Add □ Re	move			
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	ude city, state, & z	ip)		TUTOR				
	EN DORR				N 6 .			
	MARSHALL ST TON-SALEM, N	-			Name/Specific Field			
WINS	TON-SALLINI, IN	C 2/101		SELF		e. F	dection Sum	to Date
						\$		55.00
f Prior	a Assaunt Code	h. Form of Payment	i i- Vi- I D		I. S	-	Posterior	33.00
	NB-1	Credit Card	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	NB-1				09/21/2021		\$	35.00
	NB-1	Credit Card			11/03/2021		\$	20.00
<u> </u>					11/03/2021		3	20.00
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3. Cont	tributor Informati	on	П	Add □ Re	move			
	Name, Mailing Add			b. Job Title/Pr		d. C	Comments	
(incl	ude city, state, & z	ip)		RETIRED				
	CY DUNN							
	AMBRICK CT	0.05104			Name/Specific Field			
WINS		27/106		N/A		1		to Date
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1	TON-SALEM, NO	27100					lection Sum	
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Contributions from Individuals Pg 9 of 30 Amendment Yes No

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	us		L III CHIVICHIA	I COMPRIDMINANS	OVERNOUG	rcontribilitione	under \$50 if form	(DI) 1705 in	mat mand

		(and Fund if applicab	le)	and a street of the		2.	ID Number	
DAN I	BESSE COMMIT	TEE					000-9C08C4	1-0-000
	ributor Informati			Add 🔲 Re	move			
	Name, Mailing Add			b. Job Title/Pr	ofession	d. (Comments	or comme
	ide city, state, & z CIA EISENACH			COMMUNIT	Y VOLUNTEER			
	RBOR RD	L)		c. Employer's	Name/Specific Field	1		
	ΓON-SALEM, N	C 27104		SELF				
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f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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		27101		SELI		e. E	lection Sum	to Date
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	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
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	GARVEY IIDKIFF RD			c Employer's	Name/Specific Field			- 1
	ON-SALEM, NO	27106		WINSTON-S				
WINSI	OIV-SALLIVI, IVO	27100		FOUNDATION-S		e. E	lection Sum	to Date
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	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	age CRO-1100)	ndahiobaka Dendesiden		\$	18	8,332.75
NAME OF TAXABLE PARTY.	THE RESERVE OF THE PERSON NAMED IN COLUMN	4						

Contributions from Individuals Pg 10 of 30 Amendment Yes 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	le)			2.	ID Number
DAN I	BESSE COMMIT	TEE					000-9C08C4-0-000
	ributor Informati			Add 🗆 R	emove		Delivery of the propagation of the little
	Name, Mailing Ad			b. Job Title/P	rofession	d. (Comments
	ade city, state, & z			ASSOCIAT	E PROFESSOR OF		
Electric Control of the Control of t	. GELLAR-GOA	D		CLASSICS			
	ANSOM RD	G			Name/Specific Field		
WINS	TON-SALEM, N	C 27106		WAKE FOR	REST UNIVERSITY		B 4 8 4 B 4
1						e. I	Election Sum to Date
						\$	25.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	NB-1	Credit Card			09/22/2021		\$ 25.00
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3. Cont	ributor Informati	on		Add 🗆 R	emove		p For season and an arrange
a. Full N	Name, Mailing Ade	dress & Phone		b. Job Title/P	rofession	d. (Comments
(inclu	ide city, state, & z	ip)		PHYSICIAN	I	T	Constant of the second
THOM	IAS GINN						
150 W	ESTHAVEN CIR	RCLE		c. Employer's	Name/Specific Field		
WINST	TON-SALEM, N	C 27104		SALISBUR	Y INTERNAL		
				MEDICINE		e. I	Election Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	NB-1	Check			10/04/2021		\$ 250.00
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3. Cont	ributor Informati	on		Add Re	emove		A PROPERTY OF STREET
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/P		d. (Comments
(inclu	ide city, state, & z	ip)		FARMER			
JAMES	SHANES						
	5TH ST			c. Employer's	Name/Specific Field		
WINST	TON-SALEM, NO	C 27101		SENAH FA	RM		
						e. E	Dection Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
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4. Tot	al only this Pa	ge				\$	625.00
5. Tota	al of ALL CR	O-1210 Pages				\$	18,332.75
(Ints	une must be on line	6 of Detailed Summary 1	rage CKO-1100)				,

	tributions fr	rom Individual	c	D.	11 - 30	100	Amendme	
		ndividual contribution		eontributions u	g 11 of 30 nder \$50 if form CRO	1204	Yes	■ No
1. Con	nmittee Full Name	e (and Fund if applicab	de)	Olithoutions a	ildei \$50 il ioilii CRO	and the same of th	ID Number	1
	BESSE COMMIT		the the the things are the transfer of the tra				000-9C08C	4-0-000
							000 7000	4-0-000
- Marie Contract Cont	tributor Informat				emove			
	Name, Mailing Ad ude city, state, & z			b. Job Title/P		d.	Comments	
	THY HEMPHILI			DATABASE	EANALYST			
	OAK GARDEN D			c. Employer's	Name/Specific Field			
	NERSVILLE, NC			WELLS FA	•	+		
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	ude city, state, & z	ip)		NOT EMPLO	DYED			
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e p.:						\$		100.00
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3. Cont a. Full N (inclu OLIVE 3243 N	NB-1 ributor Information Name, Mailing Additional City, state, & zith ER JUDD BROADWAY	Credit Card on dress & Phone		Add Re b. Job Title/Pr POLITICAL c. Employer's	move ofession CONSULTANT Name/Specific Field	d. C	\$ \$ \$ Comments	
3. Cont a. Full N (inclu OLIVE 3243 N CHICA	ributor Information Name, Mailing Addide city, state, & zion BROADWAY AGO, IL 60657	On dress & Phone ip)		Add Re b. Job Title/Pr POLITICAL c. Employer's NONE CURI	move ofession CONSULTANT Name/Specific Field	d. C	\$ \$ \$ Comments	to Date
3. Cont a. Full N (inclu OLIVE 3243 N CHICA	ributor Information Name, Mailing Addide city, state, & zion BROADWAY AGO, IL 60657	On dress & Phone		Add Re b. Job Title/Pr POLITICAL c. Employer's NONE CURI	move ofession CONSULTANT Name/Specific Field RENTLY	d. C	\$ \$ \$ Comments	to Date
3. Cont a. Full M (inclu OLIVE 3243 N CHICA	NB-1 ributor Information Name, Mailing Adoute city, state, & ziter JUDD N BROADWAY AGO, IL 60657	On dress & Phone ip)		Add Re b. Job Title/Pr POLITICAL c. Employer's NONE CURI	move ofession CONSULTANT Name/Specific Field RENTLY j. Date (mm/dd/yyyy)	d. C	\$ \$ \$ Comments Lection Sum	to Date 250.00
3. Cont a. Full M (inclu OLIVE 3243 N CHICA	NB-1 ributor Information Name, Mailing Addite city, state, & ziter ER JUDD BROADWAY AGO, IL 60657 g. Account Code NB-1	Credit Card on dress & Phone ip) h. Form of Payment Credit Card		Add Re b. Job Title/Pr POLITICAL c. Employer's NONE CURI	move ofession CONSULTANT Name/Specific Field RENTLY j. Date (mm/dd/yyyy) 09/22/2021	d. C	\$ \$ \$ Comments lection Sum k. Amount \$	to Date 250.00

5. Total of ALL CRO-1210 Pages

18,332.75

Use th	is form to report in	rom Individuals	is over \$50 or c	P _i contributions u	g 12 of 30 ander \$50 if form CRO	1205	Amendme Ves is not used	No.
1. Com	ımittee Full Name	e (and Fund if applicab	ile)				ID Number	THE RESERVE THE PARTY OF THE PA
	BESSE COMMIT						000-9C08C	
3. Con	tributor Informat	ion			emove			
	Name, Mailing Ad			b. Job Title/P	rofession	d. (Comments	
	ude city, state, & 2	zip)		NOT EMPLO	OYED			
	KARR KANU SOUTHMONT D	ND 202		c Employer's	Name/Specific Field			
	TON-SALEM, N			NOT EMPL		4		
5.50		C 27103		NOT EMPL	OYED	e. l	Election Sun	m to Date
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Access to the second	Name, Mailing Ad			b. Job Title/Pr	rofession	d. (Comments	
	ude city, state, & z	•		ENGINEER				
	SH KAPILESHW			- Fl avanta	V			
	ARTMOUTH RD TON-SALEM, N				Name/Specific Field	4		
WILL.	TOIT-BALLINI, IT	C 2/104		ETHOS ENG	GINEERING	e. F	Dection Sum	n to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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	ide city, state, & z	ip)		RN				
	Y KIGER							
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						\$		25.00
			i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	NB-1	Check			10/03/2021		\$	25.00
							\$	
							\$	

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4. Total only this Page

Contributions from Individuals 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 combined)

		(and Fund if applicab	le)			2.	ID Number	
	BESSE COMMIT						000-9C08C4	1-0-000
	tributor Informati				move			
British and the second	Name, Mailing Add			b. Job Title/Pr	ofession	d. (Comments	
	ude city, state, & z D LAMBETH	ip)		BUSINESS C	OWNER			
	ERSEY AVE			c. Employer's	Name/Specific Field			
WINS	TON-SALEM, NO	C 27101			LECTRIC SUPPLY	L		
				INC		e. F	dection Sum	to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	NB-1	Check			10/12/2021		\$	200.00
							\$	
							\$	
*********	ributor Informatio							
	Name, Mailing Add ide city, state, & zi			b. Job Title/Pro	ofession	d. C	Comments	
	A LAMBETH			RETIRED				
	RBOR RD, APT	B208		c. Employer's	Name/Specific Field			
WINST	TON-SALEM, NO	27104		RETIRED				<u> </u>
						e. E	lection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	NB-1	Check		=	12/07/2021		\$	100.00
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							\$	
	ributor Informatio				nove			
	lame, Mailing Add de city, state, & zi			b. Job Title/Pro	ofession	d. C	omments	
	LANSDELL			DIRECTOR				
	OXRIDGE RD			c. Employer's N	Name/Specific Field			
CHARI	LOTTE, NC 2822	26	gi ,	BWNC				
					-	e. Đ	lection Sum	to Date
						\$		25.00
. Prior	g. Account Code		i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
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	al only this Pag					\$		325.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary Po	age CRO-1100)			\$	18	3,332.75

Con	tributions fi	rom Individuals	S	1	Pg 14 of 30		Amendmen Yes	nt No
Use th	is form to report ir	ndividual contribution	is over \$50 or co	ontributions	under \$50 if form CRO	120	5 is not used	1 140
1. Con	amittee Full Name	e (and Fund if applicab	de)		direct que d'a les	STATE OF THE PARTY.	ID Number	
	BESSE COMMIT						000-9C08C	4-0-000
	tributor Informati			Add 🗆 F	Remove			
a. Full	Name, Mailing Ad	ldress & Phone		b. Job Title/		d.	Comments	
	ude city, state, & z	cip)			1 DIRECTOR			
	ANSDELL							
	E WORTHINGTO RLOTTE, NC 282				's Name/Specific Field	_		
Cinn	LOTTE, NC 202	203		CLEAN AI	IR CAROLINA	6.	Election Sun	e to Date
f. Prior	a Account Code	h. Form of Payment	I: 1- 1/2-4 D	<u> </u>		\$	_	10.00
	NB-1	Credit Card	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	1412-1	Citati Cara			12/06/2021		\$	10.00
							\$	
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	tributor Informati			Add □ R	Remove			
	Name, Mailing Add		modely mo	b. Job Title/P		d. (Comments	
	ude city, state, & zi	(p)		MARKETIN	NG			
	LA LEVINE SPINDLETOP CT	r	/	c, Employer's	s Name/Specific Field			
	TON-SALEM, NO		1		MARKETING	1		
				COMME	WARRETING	e. I	Dection Sum	to Date
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Con	tributions f	rom Individua	ls	P	eg 19 of 30)	Amendme	PT
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1454 C	CAPRI RD			c. Employer's	Name/Specific Field			
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Amendment **Contributions from Individuals** Pg 21 of 30 ☐ 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 DAN BESSE COMMITTEE 000-9C08C4-0-000 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) LIBRARIAN KATHY POUNDS 1102 MELROSE ST c. Employer's Name/Specific Field WINSTON-SALEM, NC 27103 SUMMIT SCHOOL 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 Check NB-1 08/17/2021 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **PHYSICIAN** ROBERT RIEHLE c. Employer's Name/Specific Field 340 HANOVER ARMS, APT C WINSTON-SALEM, NC 27104 **RETIRED** 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 Credit Card NB-1 11/30/2021 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **PROFESSOR** APRIL RUFFIN-ADAMS 100 ASHBOURNE LAKE CT c. Employer's Name/Specific Field CLEMMONS, NC 27012 UNCG 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 Credit Card NB-1 09/21/2021 100.00

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m	e n am	e n	t		
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Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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	tributor Informati			Add Re	emove		
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	ERLY SCHOLL			ASSISTANT			
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Contributions from Individuals

Pg 23 of 30 Yes No

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

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	al of ALL CRO					D		105.00
		6 of Detailed Summary Po	age CRO-1100)			\$	1	8,332.75

Contributions from Individuals Pg 24 of 30 Amendment Yes 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 DAN BESSE COMMITTEE 000-9C08C4-0-000 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PHILANTHROPY KATIE SONNEN-LEE 2840 SAINT CLAIRE RD c. Employer's Name/Specific Field WINSTON-SALEM, NC 27106 MARY REYNOLDS e. Election Sum to Date BABCOCK FOUNDATION 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount NB-1 Credit Card 12/21/2021 \$ 25.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REGISTRATION AMBER SOUTHARD REPRESENTATIVE 215 OAKWOOD CT c. Employer's Name/Specific Field WINSTON-SALEM, NC 27103 NC BAPTIST HOSPITAL e. Election Sum to Date 35.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card NB-1 09/21/2021 \$ 25.00 Credit Card NB-1 12/29/2021 \$ 10.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **PHYSICIAN SARAH SQUIRE** 740 ROSLYN RD c. Employer's Name/Specific Field WINSTON-SALEM, NC 27104 PRO e. Election Sum to Date 300.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card NB-1 10/01/2021 \$ 300.00 \$ 4. Total only this Page 360.00 \$ 5. Total of ALL CRO-1210 Pages \$ 18,332.75 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment **Contributions from Individuals** Pg 27 of 30 ☐ 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) DAN BESSE COMMITTEE 000-9C08C4-0-000 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED GARY TROWBRIDGE 3543 OLD GRIST COURT c. Employer's Name/Specific Field WINSTON-SALEM, NC 27103 NOT EMPLOYED e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card NB-1 11/29/2021 \$ 75.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED **ELIZABETH VILLEGAS** 2581 LOCKWOOD DR c. Employer's Name/Specific Field WINSTON-SALEM, NC 27103 **NOT 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 Credit Card NB-1 12/01/2021 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED SAMUEL VILLEGAS 2581 LOCKWOOD DR c. Employer's Name/Specific Field WINSTON-SALEM, NC 27103 NOT EMPLOYED e. Election Sum to Date \$ 125.00

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Contributions from Individuals Amendment Contributions from Individuals Pg 28 of Use this form to report individual contributions over \$50 or contributions under \$50 if form X No

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Contributions from Individuals 30 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used X No

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	ude city, state, & z	ip)		PUBLIC REL	ATIONS			
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NC State Board of Elections

CRO-1210

Contributi	ions from Othe	r Political C	Committee	S Pg1 of	1	Amend Ye		
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a. Full Name, Ma (include city,	ailing Address & Phone state, & zip)		b. Type of Cor	nmittee PAC	d. C	ommen	ts - I - I - I - I - I - I - I - I - I -	
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(include city, s	-		Candidate Referendum	☐ PAC				
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NB-1	Check			12/31/2021		\$	500.00	
						\$		
4. Total only this					\$		\$2,000.00	
	CRO-1230 Pages be on line 8 of Detailed Si	ummary Page CRO-1	100)		\$		\$2,000.00	
CRO-1230		NC State	Board of Electio	ns			April 2007	

Amendment

Loan	Proceeds		Pg10	of 1	Amend Yes		
Use this	form to report proceeds from a loa	an and loan endorser's	information		- L.	***************************************	
A loan pr	oceeds statement must accompan	ny each loan that is from	man individua	ıl			
1. Comm	ittee Full Name (and Fund if appl	icable)	the continue and	estandare de	2. ID Num	ber	
DAN BE	SSE COMMITTEE				000-9C08	C4-0-000	
MANAGEMENT OF THE PROPERTY OF	Information	☐ Add ☐	Remove	and Special property			
	me, Mailing Address & Phone e city, state, & zip)		e/Profession		d. Comments		
DAN BE		ATTOR	NEY				
PO BOX WINSTO	15306 DN-SALEM, NC 27113	c. Employ	er's Name/Spec	cific Field	e. Start Date (mm/dd/yyyy)		
	336) 760-4678		MPLOYED		12/31/2021		
				f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged	i. Account Code	j. Form of Pay	vment	k. Amo		
0.000%		NB-1	Check		\$	5,000.00	
I. Full Nar	ne of Lending Institution				m. Loan Nu		
	ers/Makers (The people who guara	intee the loan.)					
	ne, Mailing Address & Phone city, state, & zip)	b. Job Titl	e/Profession	c. Employ	ver's Name/S	pecific Field	
		d. Percent	age	e. Amour	1		
			%	6 \$			
	of ALL CRO-1410 Pages must be on line 9 of Detailed Summe	ary Page CRO-1100)			\$	5,000.00	
CRO-141	0	NC State Board of Ele	ctions			April 2007	

Amendment

Disbursem	ients				Ρσ	1_ of	, 1		rendment Yes	X No
committees and	report expenditures coordinated party e	expenditures	ee for o	perating exper	nses,	, contributi	ons to			
	ull Name (and Fund	if applicable)							Number	
DAN BESSE C									-9C08C4-	-0-000
3. Type of Disbu Operating Exp		use separate CRO								
		ributions to Candidat				☐ Coo	ordinat	ed Party	Expenditu	res
4. Payee Informa						nove				
	ailing Address & Ph	one		b. Coordinate	d Co	mmittee N	ame	d. Com	ments	
(include city, stat										
NC DEMOCRA										
220 HILLSBOR				c. Level Regis	terec			-		
RALEIGH, NC	27603									
				State		Municip	oality:	e. Elect	tion Sum t	to Date
								\$	6	5,700.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	mount	k. Re	quired !	Remarks	
NB-1	Check	GK	12	2/06/2021	\$	700.00	VOT	EBUIL	DER LIC	CENSE
					\$					
5. Total only this								\$		700.00
6. Total of ALL	CRO-1310 Pages	and part of the description						- Constitution of the Cons		
(This line goes in	n line 13a of Detailed S n line 13b of Detailed S n line 13c of Detailed S	Summary Page CRO-	-1100 if	Contrib to Cand	lidate.	s/Political C	omm)	\$		700.00
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)		自由扩张		1.50		
A* - Media E - Salaries	B* - Printin F* - Equipme	Marie Committee and the Committee of the		undraising litical Party				her Can	didate	rancac

G - Political Party

NC State Board of Elections

K* - Office Expenses

F* - Equipment

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

J - Penalties

I - Postage

O* Other

CRO-1310

Amendment

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

December 2009

D!-L		Amendme	ent
Disbursements	Pg = 1 of 3	☐ 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 F	ull Name (and Fund	if applicable)						2. ID Nu	mber
DAN BESSE	COMMITTEE								C08C4-0-000
3. Type of Disb		use separate CRO				of Disbu	rseme	nt.)	
M Operating Ex		ributions to Candida	tes/Political Co	mmittees	3	Coo	ordinat	ed Party Ex	penditures
4. Payee Inform		behalaban bilan	☐ Add		Remo		l a f		
	ailing Address & Ph	one	b. Co	ordinate	d Com	mittee N	ame	d. Comm	ents
(include city, sta									
ACTBLUE, LL 14 ARROW ST			c les	el Regis	torad	(Specify)			
CAMBRIDGE,				ederal		County:			
l and the objective of	1111 02130		☐ St	ate	Ē	Municip		e. Electio	n Sum to Date
								\$	108.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/	dd/vvvv)	i. Am	ount	k. Re	quired Re	
NB-1	Electric Funds Tran	K	10/04/2		\$	47.75			CESSING FEE
NB-1	Electric Funds Tran	K	11/03/2	*************	\$	9.02	_		CESSING FEE
4. Payee Inform	ation		☐ Add	П	Remo		OIVE	II VE I KO	CESSING I EE
	ailing Address & Pho	one				mittee Na	ıme	d. Comm	ents
(include city, sta	te, & zip)								
ACTBLUE, LL	C								
14 ARROW ST					tered (Specify)			
CAMBRIDGE,	MA 02138		I	deral	F	County:			
			☐ St	ate		Municip	ality:	e. Bection	Sum to Date
								\$	108.78
		h. Purpose Code	i. Date (mm/c	ld/yyyy)	j. Am	ount	k. Re	quired Re	marks
NB-1	Electric Funds Tran	K	12/03/20	021	\$	52.01	ONL	INE PRO	CESSING FEE
					\$				
4. Payee Inform	ation		☐ Add		Remo	ve			
	ailing Address & Pho	one	b. Coo	rdinate	d Com	mittee Na	m e	d. Comme	nts
(include city, sta	te, & zip)								
ALLEGRA				-1 D 1	1 /	6 (6)			
8917 NORTH F	LEM. NC 27106			deral		Specify) County:			
WINSTON-SA	LEWI, NC 2/100		☐ St		Ē	Municip		e. Election	Sum to Date
f Account Code	g. Form of Payment	h. Purpose Code	: Data (137	I		l- D-	\$	74.90
NB-1	Check	В	09/27/20					quired Rei	
ND-1	CHECK	В	09/27/20)21	\$	74.90	BOS	INESS CA	ARDS
					\$				
5. Total only thi	s Page		4177944	2031		raat.		\$	183.68
	CRO-1310 Pages								
	n line 13a of Detailed S							\$	3,695.07
(This line goes it	n line 13b of Detailed S n line 13c of Detailed S	ummary Page CRO- ummary Page CRO-	1100 if Contrib	to Cand	idates/l	Political Co	mm)	•	3,073.07
	des (List detailed	THE RESIDENCE INCOME. IN COMPANIES AND ADDRESS OF THE PARTY OF THE PAR	THE RESERVE AND ADDRESS OF THE PARTY.		ty Exp	cmanares)			
A* - Media	B* - Printin		C* - Fundrai			D - To	Anoth	er Candid	ate
E - Salaries	F* - Equipme		G - Political I	A SECOND CONTRACTOR OF THE PARTY OF THE PART					ffice Expenses
I - Postage	J - Penaltie	3	K* - Office I	destricted to the engineering of the	3		CONTRACTOR OF STREET		Expense Fund
O* Other									
Codes require	e detailed explanation	n in required rem	arks field (k)					STATE OF THE SAME PARTY.

-	•								4
D	ıs	h	П	rs	e	m	e	n	ts

				Amendment				
Pg	2_	of	3	☐ 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 Fu	Il Name (and Fund	lifapplicable)			Combai		2. ID No	
DAN BESSE CO	OMMITTEE						000-	9C08C4-0-000
3. Type of Disbur	rsement (Please	use separate CRO	0-1310 forms for eac	h typ	e of Disbu	seme	nt.)	
X Operating Expe	enses	tributions to Candida	tes/Political Committee:	3	Coo	rdinat	ed Party I	Expenditures
4. Payee Informa	tion		☐ Add ☐	Ren	ove			nidaningan daga apartum nasasa
a. Full Name, Ma	iling Address & P	hone	b. Coordinate	d Co	nmittee Na	me	d. Com	nents
(include city, stat								
	MOTIONS, INC.		c. Level Regis	torod	(Snaaifu)			
PO BOX 231	10020		Federal		County:			
GLENSIDE, PA	19038		State		☐ Municip		e. Electi	on Sum to Date
							\$	2,285.00
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy)	li. Ar	nount	k. Re	quired R	
NB-1	Check	В	11/15/2021		2,285.00		DSIGN	
	- Cincon		11/13/2021	+	2,203.00			
		<u> </u>		\$				
4. Payee Informa			Add	Ren				
	iling Address & P	hone	b. Coordinate	d Cor	mmittee Na	me	d. Com	nents
(include city, stat								
FOOTHILLS BE 638 W FOURTH			c. Level Regi	stered	(Specify)			
WINSTON-SAL			☐ Federal		County:			
	27101		☐ State		☐ Municip	ality:	e. Electi	on Sum to Date
							\$	786.46
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy	j. Ar	nount	k. Re	quired R	le m arks
NB-1	Check	С	11/15/2021	\$	300.00	12/12	2/21 EV	ENT DEPOSIT
NB-1	Check	C	12/13/2021	\$	486.46	12/12	2/21 EV	ENT
4. Payee Informa	ition		Add 🗆	Ren	nove			
a. Full Name, Ma	iling Address & P	hone	b. Coordinate	ed Co	mmittee Na	ıme	d. Com	nents
(include city, stat	e, & zip)							
	JNTY BOARD O	F ELECTIONS		V1035	(C: C-)			
201 N CHESTN		4120	c. Level Regi	stered	County:			
WINSTON-SAL	LEM, NC 27101-	4120	State				e. Electi	on Sum to Date
			_					
						l. n	\$	227.00
	g. Form of Paymen		+	_			quired R	
NB-1	Check	О	12/08/2021	\$	227.00	FILI	NG FEE	5
				\$				
5. Total only this	Page		医全国中华克里国国				\$	3,298.46
(This line goes in (This line goes in	line 13b of Detailed	Summary Page CRO	0-1100 if Operating Exp 0-1100 if Contrib to Can 0-1100 if Coordinated P	didate		omm)	\$	3,695.07
7. Purpose Co	des (List detaile	d expenditure code	e in (h.) above)				nemi Zampani	proposition of the second
A* - Media	B* - Print		C* - Fundraising				her Cano	
E - Salaries I - Postage O* Other	F* - Equip J - Penal	ies	G - Political Party K* - Office Expense	98				Office Expenses gal Expense Fund
* Codes require	detailed explanat	ion in required re	marks field (k)		and the state of			

Disbursemer	its
-------------	-----

				Amendment				
Pg	3	of	3	☐ 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 F	ull Name (and Fund	fapplicable)				2. ID Number
DAN BESSE C	COMMITTEE					000-9C08C4-0-000
3. Type of Disbu		use separate CRO	0-1310 forms for eac			
Operating Exp	penses	ributions to Candidat	es/Political Committees	Coo	ordinat	ed Party Expenditures
4. Payee Inform			□ Add □	Remove		
	ailing Address & Pho	one	b. Coordinate	d Committee Na	ame	d. Comments
(include city, sta						
	MMERCE, LLC		The second process	41(8		
900 CHELMSF			Federal	tered (Specify) County:		
LOWELL, MA	01851		State	☐ Municip		e. Election Sum to Date
			3		, unity .	\$ 212.93
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
NB-1	Electric Funds Tran	K	09/09/2021	\$ 1.30	ONL	INE PROCESSING FE
NB-1	Electric Funds Tran	K	10/12/2021	\$ 88.97	ONL	INE PROCESSING FEE
4. Payee Inform	ation	notale shipping bea	☐ Add ☐	Remove		on pomentasos promitira
a. Full Name, Ma	ailing Address & Ph	one	b. Coordinate	d Committee N	ame	d. Comments
(include city, sta	ite, & zip)					
	MMERCE, LLC		T 10	4		
900 CHELMSF			Federal	tered (Specify) County		
LOWELL, MA	01851		State	☐ Municip		e. Election Sum to Date
					,	\$ 212.93
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
NB-1	Electric Funds Tran	K	11/09/2021	\$ 20.74	ONL	INE PROCESSING FEI
NB-1	Electric Funds Tran	K	12/09/2021	\$ 101.92	ONL	INE PROCESSING FE
5. Total only thi	is Page					\$ 212.93
6. Total of ALL	CRO-1310 Pages					
(This line goes	in line 13a of Detailed S	Summary Page CRO	-1100 if Operating Expe	enses)		\$ 3,695.07
	-		-1100 if Contrib to Cand		Comm)	3,073.07
(This line goes	in line 13c of Detailed S	Summary Page CRO	-1100 if Coordinated Pa	rty Expenditures)		
7. Purpose C		expenditure code				
A* - Media	B* - Printin F* - Equipm	0	C* - Fundraising			her Candidate
E - Salaries		G - Political Party			Public Office Expenses	
I - Postage O* Other	J - Penaltie	es .	K* - Office Expense	s Q* - D	onatio	on to Legal Expense Fund
	e detailed explanation	n in required ren	narks field (k)			
CRO-1310			State Board of Elections			December 200

				Amendm	ent
In-Kind Contributions	Pg 1	of	1	☐ Yes	X No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be	e refunded within	n 7 days.			
1. Committee Full Name (and Fund if applicable)			2. ID !	Number	
DAN BESSE COMMITTEE			000-9	C08C4-0	0-000
	☐ Add ☐ Re	move		Act in	
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	☑ Individual			,	
JACK H CAMPBELL JR	☐ Candidate				
418 N. TRADE ST.	☐ Party				
WINSTON-SALEM, NC 27101	☐ PAC				
,	☐ Referendum	1	d. Elec	tion Sum	to Date
	Other Rece	ipt Source	\$ 1,118		1,118.81
e. Description		f. Date (mm/do	l/yyyy)	g. Fair I	Market Amount
POSTAGE		07/30/20	21	\$	4.15
POSTAGE		08/23/20	21	\$	3.60
				\$	100
		move			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	X Individual				
KEITH STONE	☐ Candidate				
294 WEST END BLVD	Party				
WINSTON-SALEM, NC 27101	PAC				
	Referendum		d. Elec	tion Sum	to Date
	Other Rece	ipt Source	\$		640.00
e. Description		f. Date (mm/dd	l/yyyy)	g. Fair I	Market Amount
WEBSITE SERVICES		07/31/20	21	\$	20.00
WEBSITE SERVICES		10/31/20	21	\$	20.00
				\$	
4. Total only this Page			\$		47.75
5. Total of ALL CRO-1510 Pages			6		47.75

CRO-1510

NC State Board of Elections

(This line must be on line 17 of Detailed Summary Page CRO-1100)

December 2007

0	uts	tar	ıdir	ng]	Loa	ns
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				Amendmo	ent	***************************************
Pg	1_	of	1	☐ Yes	X No	

December 2007

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

1. Committee Full Name (and Fund if applicable)						2. ID Number		
The state of the s					000-9C08C4-0-000			
3. Lender Information		☐ Ad	d 🔲 Rem	ove		en proposition de la company de la compa		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b	b. Job Title/Profession ATTORNEY		d. Comments			
		A						
DAN BESSE								
PO BOX 15306					e. Start Date (mm/dd/yyyy)			
WINSTON-SALEM, NC 27113 (336) 760-4678		c. F	imployer's N	ame/Specific Field	12/31/2021			
		SELF EMPLOYED						
					f. End Date (mm/dd/yyyy)			
g. Rate h. Security Pl	edged		i. Original	Loan Amount	j. Remaini	ng Loan Balance		
0.00%			\$	5,000.00	\$	5,000.00		
k. Full Name of Lending	nstitution				l. Loan Nu	mber		
4. Total only this Pa	ge				\$	5,000.00		
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)					\$	5,000.00		
CRO-1430 NC State Board of Elections						December 2007		



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.

Name of committee to receive loan: Dan Besse Committee							
Person or committee to make loan: Dan Besse							
Date of loan to committee: 12/31/21							
Name of lending institution (source):							
N/A							
• Amount of loan: \$5,000.00							
Description (if in-kind loan): N/A							
Names of all parties responsible for payment of	loan (guarantors):						
N/A							
Period of loan: N/A							
Rate of interest of loan: 0 %							
Security pledged for loan: N/A							
I,, ackno (Person lending money to committee)	wledge that all of the information						
(Person lending money to committee)	I I I I I I I I I I I I I I I I I I I						
provided is complete, true, and accurate. I further und	derstand I may not forgive a loan						
that has an outstanding balance to any source.	1:1.10.0						
Affan Bisse	1/14/22						
Signature of Lender	Date Signed						
Juch Caux hell	1-14-22						
Signature of Treasurer of Committee	Date Signed						