

Disclosure Report Cover

Amendment
☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information.

1. Committee Information		c. ID Number
a. Full Name DAN BESSE COMMITTEE		000-9C08C4-0-000
b. Mailing Address (include City, State and Zip Code) PO BOX 15306 WINSTON-SALEM, NC 27113		d. Date Filed 01/17/2022
		e. Phone Number (336) 687-0193

2. Report Year 2021	3. Period Start Date (mm/dd/yy) 07/01/2021	4. Period End Date (mm/dd/yy) 12/31/2021	5. Treasurer Full Name JACK H CAMPBELL JR
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report 1			

3. Account Information		3. Account Information	
a. Financial Institution Full Name FIRST NATIONAL BANK		a. Financial Institution Full Name	
b. Purpose GENERAL CAMPAIGN PURPOSES	c. Account Code NB-1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 500.98		d. Period Begin Balance \$

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

JACK CAMPBELL
 Printed Name of Signer

Jack Campbell
 Signature of Appointed Treasurer

01/17/2022
 Date

FOR OFFICE USE ONLY

Date Received: _____
 Date Postmarked: _____
 Date Scanned: _____
 Date Data Entered: _____

Employee: _____
 Employee: _____
 Employee: _____
 Employee: _____

Delivery Method

☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ 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.

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
DAN BESSE COMMITTEE		2021 Year End Semi-Annual		000-9C08C4-0-000	
Start of Election Cycle: January 1, 2018			Total this Reporting Period		Total this Election 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,11c,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	
17) 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 subtract line 18)		\$ 21,390.91		\$ 21,390.91	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
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	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JEROME ADAMS 20 W BANNER AVE WINSTON-SALEM, NC 27127			CONSULTANT			
			c. Employer's Name/Specific Field			
			SELF			
					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	
<input type="checkbox"/>	NB-1	Check		10/06/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID ELLIOTT BELL 2418 LYNTHURST AVE WINSTON-SALEM, NC 27103			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 3,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/26/2021	\$ 1,000.00	
<input type="checkbox"/>	NB-1	Credit Card		11/12/2021	\$ 1,000.00	
<input type="checkbox"/>	NB-1	Credit Card		12/29/2021	\$ 1,000.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAN BESSE PO BOX 15306 WINSTON-SALEM, NC 27113 (336) 760-4678			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 6,045.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Check		07/29/2021	\$ 1,000.00	
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021	\$ 10.00	
<input type="checkbox"/>	NB-1	Credit Card		11/03/2021	\$ 25.00	
4. Total only this Page					\$ 4,135.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DAN BESSE PO BOX 15306 WINSTON-SALEM, NC 27113 (336) 760-4678				ATTORNEY		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				SELF EMPLOYED		
						\$ 6,045.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	NB-1	Credit Card		11/22/2021		\$ 10.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
PEGGY BESSE 3230 HOMESTEAD CLUB DR, APT 3113 WINSTON-SALEM, NC 27103				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	NB-1	Check		11/12/2021		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TAMMY BLACK 731 HERTFORD RD WINSTON-SALEM, NC 27104				LANDLORD		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				SELF		
						\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	NB-1	Credit Card		12/11/2021		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page						\$ 560.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BARRY L BONENO 1408 HANNAFORD RD WINSTON-SALEM, NC 27103				RETIRED OWNER		
				c. Employer's Name/Specific Field HOUSE OF PLANTS		
				e. Election Sum to Date		
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Check		08/20/2021	\$ 100.00	
<input type="checkbox"/>	NB-1	Check		09/21/2021	\$ 100.00	
<input type="checkbox"/>	NB-1	Check		11/19/2021	\$ 100.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BARRY L BONENO 1408 HANNAFORD RD WINSTON-SALEM, NC 27103				RETIRED OWNER		
				c. Employer's Name/Specific Field HOUSE OF PLANTS		
				e. Election Sum to Date		
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Check		11/25/2021	\$ 100.00	
<input type="checkbox"/>	NB-1	Check		12/12/2021	\$ 100.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RUTH BURCAW 1833 BARNSTABLE RD LEWISVILLE, NC 27023				CHURCH EXECUTIVE		
				c. Employer's Name/Specific Field MORAVIAN CHURCH SOUTHERN PROVINCE		
				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	
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MELORA CAMPBELL 3546 TANGLEBROOK TRAIL CLEMMONS, NC 27012			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Credit Card		11/29/2021	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JACK H CAMPBELL JR 418 N. TRADE ST. WINSTON-SALEM, NC 27101			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 1,118.81	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	POSTAGE	07/30/2021	\$ 4.15	
<input type="checkbox"/>		In-Kind	POSTAGE	08/23/2021	\$ 3.60	
<input type="checkbox"/>	NB-1	Credit Card		08/26/2021	\$ 25.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JACK H CAMPBELL JR 418 N. TRADE ST. WINSTON-SALEM, NC 27101			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 1,118.81	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Check		11/30/2021	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,107.75	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ELIZABETH CARLSON 3303 BUENA VISTA RD WINSTON-SALEM, NC 27106			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					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	
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ELIZABETH H CARTER 2621 LOCKWOOD DR WINSTON-SALEM, NC 27103			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Check		10/03/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LONNIE CLARK 1212 WATSON AVE WINSTON-SALEM, NC 27103			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		10/02/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CONSTANCE CLINE 2626 LOCKWOOD DR WINSTON-SALEM, NC 27103			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Check		10/03/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT M COLLETTE 1803 LAKE POINT DR WINSTON-SALEM, NC 27103			RETIRED			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Credit Card		11/04/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVE CORN 730 CHESTNUT WAY WINSTON-SALEM, NC 27103			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Credit Card		09/28/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PATRICIA CORN 730 CHESTNUT WAY WINSTON-SALEM, NC 27103			REGISTERED NURSE			
			c. Employer's Name/Specific Field			
			WAKE FOREST BAPTIST MEDICAL CENTER			
					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	
<input type="checkbox"/>	NB-1	Credit Card		09/26/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LILA CRUIKSHANK 623 RUGBY RD WINSTON-SALEM, NC 27106			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/15/2021	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHRISTOPHER CULLEY 5483 BROOKBERRY FARM RD WINSTON-SALEM, NC 27106			PHYSICIAN ASSISTANT			
			c. Employer's Name/Specific Field			
			TRIANGLE MEDICAL GROUP			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

Pg 8 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
REBECCA DAVIS 3970 VALLEY CT, UNIT B WINSTON-SALEM, NC 27106			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/27/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KAREN DORR 411 S. MARSHALL ST, 203 WINSTON-SALEM, NC 27101			TUTOR			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021	\$ 35.00	
<input type="checkbox"/>	NB-1	Credit Card		11/03/2021	\$ 20.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NANCY DUNN 333 HAMBRICK CT WINSTON-SALEM, NC 27106			RETIRED			
			c. Employer's Name/Specific Field			
			N/A			
					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	
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 205.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

Pg 9 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PATRICIA EISENACH 622 ARBOR RD WINSTON-SALEM, NC 27104				COMMUNITY VOLUNTEER			
				c. Employer's Name/Specific Field			
				SELF			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	NB-1	Credit Card		11/04/2021	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CORTLANDT FREEMAN 701 ROSLYN RD WINSTON-SALEM, NC 27104				COMMUNITY VOLUNTEER			
				c. Employer's Name/Specific Field			
				SELF			
						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		
<input type="checkbox"/>	NB-1	Check		11/30/2021	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANNE GARVEY 3235 MIDKIFF RD WINSTON-SALEM, NC 27106				ADMINISTRATOR			
				c. Employer's Name/Specific Field			
				WINSTON-SALEM FOUNDATION			
						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		
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
T.H.M. GELLAR-GOAD 610 RANSOM RD WINSTON-SALEM, NC 27106			ASSOCIATE PROFESSOR OF CLASSICS			
			c. Employer's Name/Specific Field			
			WAKE FOREST UNIVERSITY			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS GINN 150 WESTHAVEN CIRCLE WINSTON-SALEM, NC 27104			PHYSICIAN			
			c. Employer's Name/Specific Field			
			SALISBURY INTERNAL MEDICINE			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Check		10/04/2021	\$ 250.00	
<input type="checkbox"/>	NB-1	Check		11/19/2021	\$ 250.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES HANES 231 W 5TH ST WINSTON-SALEM, NC 27101			FARMER			
			c. Employer's Name/Specific Field			
			SENAH FARM			
					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	
<input type="checkbox"/>	NB-1	Credit Card		12/23/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 625.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TIMOTHY HEMPHILL 5084 OAK GARDEN DR KERNERSVILLE, NC 27284-9593				DATABASE ANALYST			
				c. Employer's Name/Specific Field			
				WELLS FARGO			
						e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		11/10/2021		\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RUBY HOLLMAN 4840 TUTELO TRAIL WINSTON-SALEM, NC 27127				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				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	
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
OLIVER JUDD 3243 N BROADWAY CHICAGO, IL 60657				POLITICAL CONSULTANT			
				c. Employer's Name/Specific Field			
				NONE CURRENTLY			
						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	
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021		\$ 150.00	
<input type="checkbox"/>	NB-1	Credit Card		11/17/2021		\$ 100.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 375.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
A BAKARR KANU 2452 SOUTHMONT DR, 303 WINSTON-SALEM, NC 27103			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		12/09/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RAJESH KAPILESHWARI 447 DARTMOUTH RD WINSTON-SALEM, NC 27104			ENGINEER			
			c. Employer's Name/Specific Field			
			ETHOS ENGINEERING			
					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	
<input type="checkbox"/>	NB-1	Credit Card		11/19/2021	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BETTY KIGER 2561 LOCKWOOD DR WINSTON-SALEM, NC 27103			RN			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Check		10/03/2021	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DAVID LAMBETH 350 JERSEY AVE WINSTON-SALEM, NC 27101				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				POINTER ELECTRIC SUPPLY INC			
						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	
<input type="checkbox"/>	NB-1	Check		10/12/2021		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DONNA LAMBETH 1244 ARBOR RD, APT B208 WINSTON-SALEM, NC 27104				RETIRED			
				c. Employer's Name/Specific Field			
				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	
<input type="checkbox"/>	NB-1	Check		12/07/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TERRY LANSDALL 3535 FOXRIDGE RD CHARLOTTE, NC 28226				DIRECTOR			
				c. Employer's Name/Specific Field			
				BWNC			
						e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021		\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TL LANSDELL 1508 E WORTHINGTON AVE CHARLOTTE, NC 28203			PROGRAM DIRECTOR			
			c. Employer's Name/Specific Field			
			CLEAN AIR CAROLINA			
					e. Election Sum to Date	
					\$ 10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		12/06/2021	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANGELA LEVINE 5484 SPINDLETOP CT WINSTON-SALEM, NC 27106			MARKETING			
			c. Employer's Name/Specific Field			
			CONNECT MARKETING			
					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	
<input type="checkbox"/>	NB-1	Credit Card		11/19/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ALBERT LINDER 2320 WESTFIELD AVE WINSTON-SALEM, NC 27103			PSCHOTHERAPIST			
			c. Employer's Name/Specific Field			
			FAMILY SERVICE OF THE PIEDMONT			
					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	
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 210.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ADRIENNE AMOS LIVENGOD 605 SPRING TREE CT WINSTON-SALEM, NC 27104			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT 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	
<input type="checkbox"/>	NB-1	Credit Card		11/12/2021	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GAYLE MADISON 2740 LOCKWOOD DR WINSTON-SALEM, NC 27103			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		11/04/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ELIZABETH MARTIN 442 CLIFFDALE DR WINSTON-SALEM, NC 27104			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DARLENE MAY 675 BRIDLESPUR COURT WINSTON-SALEM, NC 27106				PROFESSOR			
				c. Employer's Name/Specific Field			
				WAKE FOREST UNIVERSITY			
						e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JERRI MCLEMORE 400 W 4TH ST, UNIT 402 WINSTON-SALEM, NC 27101				PATHOLOGIST			
				c. Employer's Name/Specific Field			
				WAKE FOREST BAPTIST HEALTH			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	NB-1	Check		09/20/2021	\$ 1,000.00		
<input type="checkbox"/>	NB-1	Check		11/30/2021	\$ 1,000.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KATE MEWHINNEY 2306 WESTFIELD AVE WINSTON-SALEM, NC 27103				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,050.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LAURENCE MITTER 428 SOUTH SUNSET DR WINSTON-SALEM, NC 27103				NON PROFIT MANAGEMENT		
				c. Employer's Name/Specific Field HABITAT FOR HUMANITY OF FORSYTH COUNTY		
				e. Election Sum to Date		
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		11/04/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MARK P. MOIR 3288 ROBINHOOD RD., #205 WINSTON-SALEM, NC 27106				ATTORNEY		
				c. Employer's Name/Specific Field SELF		
				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	
<input type="checkbox"/>	NB-1	Check		08/19/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JO ANN MOUNT 1238 W. 4TH ST. WINSTON-SALEM, NC 27101				SALES		
				c. Employer's Name/Specific Field WALSWORTH YEARBOOKS		
				e. Election Sum to Date		
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KEVIN MUNDY 1100 HUDGINS HILL CT WINSTON-SALEM, NC 27103				COUNCIL MEMBER			
				c. Employer's Name/Specific Field			
				CITY OF WINSTON-SALEM			
				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		
<input type="checkbox"/>	NB-1	Credit Card		11/29/2021	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JIM NORRIS 2021 HEIDELBURY DR WINSTON-SALEM, NC 27106				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
				e. Election Sum to Date			
				\$		25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JONATHAN NORRIS 1762 RAMHURST DR CLEMMONS, NC 27012				CONSULTANT			
				c. Employer's Name/Specific Field			
				SELF			
				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		
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 375.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JANE P. NORTH 3290 HIGH CLIFFS RD. PFAFFTOWN, NC 27040			ATTORNEY			
			c. Employer's Name/Specific Field			
			NLRB			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ELIZABETH O'MEARA 1022 GLEN DAY DR CLEMMONS, NC 27012			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Credit Card		09/25/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HOWARD PEARRE 2353 ELIZABETH AVE WINSTON-SALEM, NC 27103			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/27/2021	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KATHLEEN PEARRE 2353 ELIZABETH AVE WINSTON-SALEM, NC 27103				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
				e. Election Sum to Date			
				\$		50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	WBC	Credit Card		09/24/2021		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARY PERRY 904 MAR DON HILLS CIR WINSTON-SALEM, NC 27104				RETIRED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
				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	
<input type="checkbox"/>	NB-1	Credit Card		12/05/2021		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GEORGE PETERSON 1454 CAPRI RD WINSTON-SALEM, NC 27103				SOFTWARE ENGINEER			
				c. Employer's Name/Specific Field			
				INMAR			
				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	
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KATHY POUNDS 1102 MELROSE ST WINSTON-SALEM, NC 27103			LIBRARIAN			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Check		08/17/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT RIEHLE 340 HANOVER ARMS, APT C WINSTON-SALEM, NC 27104			PHYSICIAN			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Credit Card		11/30/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
APRIL RUFFIN-ADAMS 100 ASHBOURNE LAKE CT CLEMMONS, NC 27012			PROFESSOR			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021	\$ 100.00	
<input type="checkbox"/>	NB-1	Credit Card		12/02/2021	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KIMBERLY SCHOLL 3925 CHILTON DR WINSTON-SALEM, NC 27106			ADMINISTRATIVE ASSISTANT			
			c. Employer's Name/Specific Field			
			WAKE FOREST UNIVERSITY			
					e. Election Sum to Date	
					\$ 40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/22/2021	\$ 10.00	
<input type="checkbox"/>	NB-1	Credit Card		10/22/2021	\$ 10.00	
<input type="checkbox"/>	NB-1	Credit Card		11/22/2021	\$ 10.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KIMBERLY SCHOLL 3925 CHILTON DR WINSTON-SALEM, NC 27106			ADMINISTRATIVE ASSISTANT			
			c. Employer's Name/Specific Field			
			WAKE FOREST UNIVERSITY			
					e. Election Sum to Date	
					\$ 40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		12/22/2021	\$ 10.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARTHA SHAFER 6508 HORSEMAN TRAIL SUMMERFIELD, NC 27358			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Credit Card		12/30/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 140.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RONALD L SIGRIST 4383 CREEKRIDGE LN KERNERSVILLE, NC 27284				PROJECT MANAGER			
				c. Employer's Name/Specific Field			
				WELLS FARGO			
						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	
<input type="checkbox"/>	NB-1	Credit Card		11/29/2021		\$ 75.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PATRICIA SISSON 1121 FENIMORE ST. WINSTON-SALEM, NC 27103				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						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	
<input type="checkbox"/>	NB-1	Credit Card		12/06/2021		\$ 35.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KATIE SONNEN-LEE 2840 SAINT CLAIRE RD WINSTON-SALEM, NC 27106				PHILANTHROPY			
				c. Employer's Name/Specific Field			
				MARY REYNOLDS BABCOCK FOUNDATION			
						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	
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021		\$ 25.00	
<input type="checkbox"/>	NB-1	Credit Card		10/21/2021		\$ 25.00	
<input type="checkbox"/>	NB-1	Credit Card		11/21/2021		\$ 25.00	
4. Total only this Page						\$ 185.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KATIE SONNEN-LEE 2840 SAINT CLAIRE RD WINSTON-SALEM, NC 27106			PHILANTHROPY			
			c. Employer's Name/Specific Field			
			MARY REYNOLDS BABCOCK FOUNDATION			
					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	
<input type="checkbox"/>	NB-1	Credit Card		12/21/2021	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AMBER SOUTHARD 215 OAKWOOD CT WINSTON-SALEM, NC 27103			REGISTRATION REPRESENTATIVE			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Credit Card		09/21/2021	\$ 25.00	
<input type="checkbox"/>	NB-1	Credit Card		12/29/2021	\$ 10.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SARAH SQUIRE 740 ROSLYN RD WINSTON-SALEM, NC 27104			PHYSICIAN			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Credit Card		10/01/2021	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 360.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
HOWARD STENTZ 2023 WATERFORD VILLAGE DRIVE CLEMMONS, NC 27012				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		10/27/2021		\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SELESTER STEWART P O BOX 632 LEWISVILLE, NC 27023				CEO			
				c. Employer's Name/Specific Field			
				GEORGIA HEALTH PARTNERS			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		12/08/2021		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KEITH STONE 294 WEST END BLVD WINSTON-SALEM, NC 27101				SR DEVELOPER			
				c. Employer's Name/Specific Field			
				97 DISPLAY SOFTWARE			
						e. Election Sum to Date	
						\$ 640.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		In-Kind	WEBSITE SERVICES	07/31/2021		\$ 20.00	
<input type="checkbox"/>		In-Kind	WEBSITE SERVICES	10/31/2021		\$ 20.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,065.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
THOMAS N. TAYLOR 3609 CROSSTIMBERS DR. GREENSBORO, NC 27410				ACTUARY			
				c. Employer's Name/Specific Field			
				LINCOLN NATIONAL LIFE INS. CO.			
				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	
<input type="checkbox"/>	NB-1	Credit Card		12/09/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
EMMA THORNE 670 ROCK GARDEN CIR WINSTON-SALEM, NC 27104				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
				e. Election Sum to Date			
				\$		15.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		10/26/2021		\$ 15.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CHRISTINE S TOOLE 109 SHADYLAWN DR WINSTON-SALEM, NC 27104				HOMEMAKER			
				c. Employer's Name/Specific Field			
				NONE			
				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	
<input type="checkbox"/>	NB-1	Check		11/18/2021		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 365.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GARY TROWBRIDGE 3543 OLD GRIST COURT WINSTON-SALEM, NC 27103			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Credit Card		11/29/2021	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ELIZABETH VILLEGAS 2581 LOCKWOOD DR WINSTON-SALEM, NC 27103			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	NB-1	Credit Card		12/01/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SAMUEL VILLEGAS 2581 LOCKWOOD DR WINSTON-SALEM, NC 27103			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NB-1	Check		08/16/2021	\$ 25.00	
<input type="checkbox"/>	NB-1	Credit Card		09/15/2021	\$ 25.00	
<input type="checkbox"/>	NB-1	Credit Card		10/15/2021	\$ 25.00	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75	

Contributions from Individuals

Pg 28 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SAMUEL VILLEGAS 2581 LOCKWOOD DR WINSTON-SALEM, NC 27103				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		11/15/2021		\$ 25.00	
<input type="checkbox"/>	NB-1	Credit Card		12/15/2021		\$ 25.00	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MIKE WAKEFORD 110 W. BANNER AVE WINSTON-SALEM, NC 27127				EDUCATOR			
				c. Employer's Name/Specific Field			
				UNC SCHOOL OF THE ARTS			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	NB-1	Credit Card		09/23/2021		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
HEROLD J WEILER III 2745 MAPLEWOOD AVE WINSTON-SALEM, NC 27103				RETIRED			
				c. Employer's Name/Specific Field			
				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	
<input type="checkbox"/>	NB-1	Credit Card		10/11/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75	

Contributions from Individuals

Pg 29 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANNE G WILSON 445 MARSHALL VIEW CT WINSTON-SALEM, NC 27101				RETIRED			
				c. Employer's Name/Specific Field			
				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	
<input type="checkbox"/>	NB-1	Check		12/12/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARTHA WILSON 1632 SANDERSTED RD WINSTON-SALEM, NC 27103				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				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	
<input type="checkbox"/>	NB-1	Credit Card		10/15/2021		\$ 50.00	
<input type="checkbox"/>	NB-1	Credit Card		11/03/2021		\$ 50.00	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BEVERLY WINSTED 1601 BRIAR LAKE RD WINSTON-SALEM, NC 27103				RETIRED			
				c. Employer's Name/Specific Field			
				PHYSICIAN ASSISTANT			
						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	
<input type="checkbox"/>	NB-1	Check		10/03/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 18,332.75	

Contributions from Individuals

Pg 30 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
NANCY YOUNG 2061 POLO RD WINSTON-SALEM, NC 27106			PUBLIC RELATIONS		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			WINSTON-SALEM STATE UNIVERSITY		
					\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	NB-1	Check		11/21/2021	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 18,332.75

CRO-1210

NC State Board of Elections

April 2007

Contributions from Other Political Committees Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
DAN BESSE COMMITTEE				000-9C08C4-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
COMMITTEE TO ELECT TERRI LEGRAND 1959 N PEACE HAVEN RD, #193 WINSTON-SALEM, NC 27106			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date
			<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
NB-1	Check		11/09/2021	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
DAN BESSE FOR NC HOUSE PO BOX 15346 WINSTON-SALEM, NC 27113			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date
			<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
NB-1	Check		08/03/2021	\$ 500.00	
NB-1	Check		12/31/2021	\$ 500.00	
				\$	
4. Total only this Page				\$ 2,000.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 2,000.00	

CRO-1230

NC State Board of Elections

April 2007

Loan Proceeds

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
DAN BESSE COMMITTEE				000-9C08C4-0-000	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DAN BESSE PO BOX 15306 WINSTON-SALEM, NC 27113 (336) 760-4678		ATTORNEY			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		SELF EMPLOYED		12/31/2021	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment		k. Amount
0.000 %		NB-1	Check		\$ 5,000.00
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					\$ 5,000.00

Disbursements

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
DAN BESSE COMMITTEE				000-9C08C4-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
NC DEMOCRATIC PARTY 220 HILLSBOROUGH ST RALEIGH, NC 27603					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 6,700.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
NB-1	Check	GK	12/06/2021	\$ 700.00	VOTEBuilder LICENSE
				\$	
5. Total only this Page					\$ 700.00
6. Total of ALL CRO-1310 Pages					\$ 700.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

CRO-1310

NC State Board of Elections

December 2009

Disbursements

Pg 1 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
DAN BESSE COMMITTEE						000-9C08C4-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACTBLUE, LLC 14 ARROW ST STE 11 CAMBRIDGE, MA 02138							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 108.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
NB-1	Electric Funds Tran	K	10/04/2021	\$ 47.75	ONLINE PROCESSING FEE		
NB-1	Electric Funds Tran	K	11/03/2021	\$ 9.02	ONLINE PROCESSING FEE		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACTBLUE, LLC 14 ARROW ST STE 11 CAMBRIDGE, MA 02138							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 108.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
NB-1	Electric Funds Tran	K	12/03/2021	\$ 52.01	ONLINE PROCESSING FEE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ALLEGRA 8917 NORTH POINT BLVD WINSTON-SALEM, NC 27106							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 74.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
NB-1	Check	B	09/27/2021	\$ 74.90	BUSINESS CARDS		
				\$			
5. Total only this Page						\$ 183.68	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						\$ 3,695.07	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 2 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
DAN BESSE COMMITTEE						000-9C08C4-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CAPITAL PROMOTIONS, INC. PO BOX 231 GLENSIDE, PA 19038							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 2,285.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
NB-1	Check	B	11/15/2021	\$ 2,285.00	YARDSIGNS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FOOTHILLS BREWING 638 W FOURTH ST WINSTON-SALEM, NC 27101							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 786.46	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
NB-1	Check	C	11/15/2021	\$ 300.00	12/12/21 EVENT DEPOSIT		
NB-1	Check	C	12/13/2021	\$ 486.46	12/12/21 EVENT		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FORSYTH COUNTY BOARD OF ELECTIONS 201 N CHESTNUT ST WINSTON-SALEM, NC 27101-4120							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 227.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
NB-1	Check	O	12/08/2021	\$ 227.00	FILING FEE		
				\$			
5. Total only this Page						\$ 3,298.46	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						\$ 3,695.07	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 3 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
DAN BESSE COMMITTEE						000-9C08C4-0-000	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VANTIV ECOMMERCE, LLC 900 CHELMSFORD ST LOWELL, MA 01851							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		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. Required Remarks		
NB-1	Electric Funds Tran	K	09/09/2021	\$ 1.30	ONLINE PROCESSING FEE		
NB-1	Electric Funds Tran	K	10/12/2021	\$ 88.97	ONLINE PROCESSING FEE		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VANTIV ECOMMERCE, LLC 900 CHELMSFORD ST LOWELL, MA 01851							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		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. Required Remarks		
NB-1	Electric Funds Tran	K	11/09/2021	\$ 20.74	ONLINE PROCESSING FEE		
NB-1	Electric Funds Tran	K	12/09/2021	\$ 101.92	ONLINE PROCESSING FEE		
5. Total only this Page						\$ 212.93	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 3,695.07	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

In-Kind Contributions

Pg 1 of 1

Amendment

☐ Yes ☒ 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 refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
DAN BESSE COMMITTEE		000-9C08C4-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JACK H CAMPBELL JR 418 N. TRADE ST. WINSTON-SALEM, NC 27101		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 1,118.81	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE		07/30/2021	\$ 4.15
POSTAGE		08/23/2021	\$ 3.60
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
KEITH STONE 294 WEST END BLVD WINSTON-SALEM, NC 27101		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 640.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WEBSITE SERVICES		07/31/2021	\$ 20.00
WEBSITE SERVICES		10/31/2021	\$ 20.00
			\$
4. Total only this Page			\$ 47.75
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 47.75

Outstanding Loans

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
DAN BESSE COMMITTEE		000-9C08C4-0-000	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
DAN BESSE PO BOX 15306 WINSTON-SALEM, NC 27113 (336) 760-4678		ATTORNEY	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		SELF EMPLOYED	12/31/2021
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%		\$ 5,000.00	\$ 5,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 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



NORTH CAROLINA

STATE BOARD OF ELECTIONS

FORSYTH COUNTY
BOARD OF ELECTIONS
2022 JAN 20 PM 2:42
RECEIVED

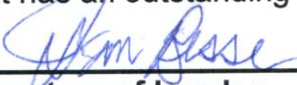
Loan Proceeds Statement

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, Dan Besse, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.


Signature of Lender

1/14/22
Date Signed


Signature of Treasurer of Committee

1-14-22
Date Signed