Use this form for ger Do not use this form	neral report and committee to update information	information, must	be signed and sub	bmitted along with o	ther detailed forms.
1. Committee Infor		11 21 32			
a. Full Name					c. ID Number
Committee To Elect	Tonya McDaniel				1CQ932
b. Mailing Address (incl	ude City, State and Zip Code)		8-110		d. Date Filed
Post Office Box 211					
Winston-Salem, No.	rth Carolina 27120				
					e. Phone Number
					336-979-5543
2. Report Year	3. Period Start Date (mm/	d. Perio (mm/dd/y	d End Date	5. Treasurer Full	l Name
2021	06/30/2021	12	2/31/2021		
6. Type of Committ		9. Type of Repo	rt (check or	nly one type of report	t from one category)
Candidate Campa		Municipal	State/C	County	Referendum
PAC Independent	Referendum	Organizatio	nal 🔲	Organizational	Organizational
Expenditure	☐ Joint Fundraiser	Thirty-five	day	Quarterly	Pre-referendum
Legal Expense Fu	ınd				
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election	·	Second	Supplemental Final
Building Fund		Pre-runoff	.	Third	Annual
		Semi-annua		Fourth	Special
Other:		Mid Y Year E		Semi-annual	10 C 1 D 1 N
Cinet.		Final		Mid Year Year End	10. Special Report Name
8. Number of Fund	raisers this Report	Special		Final	
				Special	
11. Account Inform	ation	- C C C C C C C C C C C C C C C C C C C	11. Account		20
a. Financial Institution F			a. Financial Inst	titution Full Name	27 12 15 15
MECHANICS & FA					THE HERE
b. Purpose	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN INC CAMPAIGN EXP	WIN2				office systems
	d. Period Begin Balance				d. Period Begin Balance
	\$ 0.00				S and so the second
CEDETEICATION					W North
CERTIFICATION					7 %
the NC General Statu	imittee or Fund is in compli	ance with all appli	cable provisions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of
is complete true and	correct and that I have been	trained by the No	State Board of I	non-disclosed funds.	I further certify that this report
Thery/	D. Fundarburk	danied by the Ne		1. 1. 1/2	01/28/2022
	Printed Name of Signer	· · · · · · · · · · · · · · · · · · ·	Signature of Appoin		Date
FOR OFFICE USE O	NLY	James y V			
Date Received:		Employee	:		Delivery Method Normal Mail
Date Postmarked	i:	Employee			Registered Mail
			21000		Hand Delivered Electronically Filed
Date Scanned:		Employee	: =		Signer has not received
Date Data Entere	ed:	Employee	:		mandatory training
Dloogo Notes Ti					
r lease Note: This	s form cannot be used to am	end committee inf n of books inform	ormation such as	the committee addre	ess, treasurer, assistant treasurer,
	You must amend the Stater				an ahangas
	- ou must amond the statel	nom or Organizati	<u>ли (СКО-2100А-</u>	-L) to make committe	ee changes.

**Disclosure Report Cover** 

Amendment

 $\boxtimes$ 

No

Do not use this form	to update information	information, m	ust be signed a	and subr	nitted along with oth	er detailed forms.
1. Committee Inform			1000		-U 1236 - T	71.7
a. Full Name						c. ID Number
Committee To Elect	Tonya McDaniel					1CQ932
b. Mailing Address (inclu	ide City, State and Zip Code)					d. Date Filed
Post Office Box 211						
Winston-Salem, Nor	th Carolina 27120					The state of the s
						e. Phone Number
		1.5			0	336-979-5543
2. Report Year	3. Period Start Date (mm/	CHICKUS .	eriod End Dat /dd/yy)	te	5. Treasurer Full N	Name
2021	06/30/2021		12/31/2021			
6. Type of Committee		9. Type of F	Report (c)	heck onl	y one type of report f	rom one category)
Candidate Campai	=	Municipal		State/Co		Referendum
PAC	Referendum	Organi	izational		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-	-five day	Q	Duarterly	Pre-referendum
Legal Expense Fur	nd					
7. Type of Fund	(if applicable, check one)	Pre-pri	imarv	П	First	Final
"Booster Fund"	(5 TP states, states, states,	Pre-ele		Ħ	Second	Supplemental Final
Building Fund		Pre-rui		Ħ	Third	Annual
		Semi-a		H	Fourth	Special
		I	fid Year	□ s	emi-annual	Special
Other:			ear End		Mid Year	10. Special Report Name
		Final	om Ena	$\forall$	Year End	10. Special Report Name
8. Number of Fundr	aisers this Report	Specia	1		inal	
ovi (minus	minoria cirio reci ore	- Special	•	=	pecial	5 - Carrier
11. Account Informs	ation		11 4			
a. Financial Institution F					nformation tution Full Name	10 6
			a. Finan	iciai insui	tution Fun Name	
MECHANICS & FA	RMERS BANK				tution Full Name	In N
MECHANICS & FA b. Purpose	RMERS BANK c. Account Code		b. Purpo		rution Full (Value	
MECHANICS & FA	RMERS BANK c. Account Code WIN				tution Full Name	In N
MECHANICS & FA b. Purpose CAMPAIGN INC	RMERS BANK c. Account Code				tution Full Name	In N
MECHANICS & FA b. Purpose CAMPAIGN INC	RMERS BANK c. Account Code WIN				euton Fun Name	c. Account Code
MECHANICS & FA b. Purpose CAMPAIGN INC	RMERS BANK c. Account Code  WIN d. Period Begin Balance				uuton Fun Name	c. Account Code  d. Period Begin Balance
MECHANICS & FA b. Purpose CAMPAIGN INC CAMPAIGN EXP	RMERS BANK c. Account Code  WIN d. Period Begin Balance \$ 0.00	e	b. Purpo	ose		c. Account Code  d. Period Begin Balance
MECHANICS & FA b. Purpose CAMPAIGN INC CAMPAIGN EXP  CERTIFICATION I certify that the Com	C. Account Code  WIN  d. Period Begin Balance \$ 0.00  mittee or Fund is in compl	iance with all a	b. Purpo	ose	of Article 22A, 22B, 8	c. Account Code  d. Period Begin Balance  \$ 22D-22M of Chapter 163 of
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MECHANICS & FA b. Purpose CAMPAIGN INC CAMPAIGN EXP  CERTIFICATION I certify that the Com the NC General Statu is complete, true and  FOR OFFICE USE Of Date Received:	c. Account Code  WIN  d. Period Begin Balance \$ 0.00  mittee or Fund is in completes and that no funds are cocorrect and that I have bee  Printed Name of Signer  NLY	iance with all a commingled with trained by the	b. Purposition by the prohibited of the NC State Box Signature of the coverage	visions o	of Article 22A, 22B, & on-disclosed funds. I lections.	c. Account Code  d. Period Begin Balance \$ 222D-22M of Chapter 163 of further certify that this report  1/28/2022  Date  Delivery Method  Normal Mail
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MECHANICS & FA b. Purpose CAMPAIGN INC CAMPAIGN EXP  CERTIFICATION I certify that the Com the NC General Statu is complete, true and  FOR OFFICE USE OF Date Received: Date Postmarked Date Scanned: Date Data Entere  Please Note: This	c. Account Code  WIN  d. Period Begin Balance \$ 0.00  mittee or Fund is in completes and that no funds are concorrect and that I have been been been been been been been be	iance with all a commingled with a trained by the Empl Empl Empl empl committe an of books into	b. Purpose applicable provide the prohibited of the NC State Board oyee:  oyee:  oyee:  oyee:  oyee:  e information stormation, or a	visions or other nard of El	of Article 22A, 22B, & on-disclosed funds. I lections.  Out Treasurer  The committee address of	c. Account Code  d. Period Begin Balance \$ 2 22D-22M of Chapter 163 of further certify that this report  1/28/2022  Date  Date  Delivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed  Signer has not received mandatory training  s, treasurer, assistant treasurer,

Amendment

**Disclosure Report Cover** 

## **Detailed Summary**

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

Amendment Yes No

	Type of Report EAR END SEM	3. ID Number 1CQ932		
	2020	Total this Reporting Period	Total this	
4) Cash on Hand at Start		\$ 0	S 0	
RECEIPTS		Teres II A ST		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 1400.00	\$ 1400.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 200.00	\$ 200.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
0) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$	
1) Other Receipt Sources	NATIONAL DESIGNATION OF THE PARTY OF THE PAR			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11a	l and 11e)	\$ 1600.00	\$ 1600.00	
EXPENDITURES	9947			
3) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 1419.00	\$ 1419.00	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
5) Loan Repayments	(CRO-1420)	\$	\$	
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	
7) In-Kind Contributions	(CRO-1510)	\$	\$	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 d		\$ 1419.00	\$ 1419.00	
9) Cash on Hand at End (Add lines 4 and 12 together, then subtract l		\$ 181.00	\$ 181.00	
ADDITIONAL INFORMATION	F 18 60			
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	A PART OF THE	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$		
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$		
3) Debts and Obligations owed To the Committee	(CRO-1620)	\$		
4) Account Transfers Within the Committee	(CRO-1720)	\$		
5) Administrative Support	(CRO-1710)	\$	\$	
6) Forgiven Loans	(CRO-1440)	\$	\$	
7) 48-Hour Notice Reports Sum	(CRO-2220)			
8) Contributions to be Refunded	-	\$	\$	
RO-1100 NC State Board of Elections	(CRO-1215)	\$	\$ August 20	

Use this	form to report inc	lividual contributions	over \$5	0 or contri	ibution	ns under \$50 if form	CRO 1205 is	s not used	es 💹 No
1. Com	nittee Full Name	(and Fund if applica	ble)					lumber	
Commit	tee To Elect Tony	a McDaniel						1CQ932	
	ibutor Informat		X	Add		Remove			N- L
	me, Mailing Address	& Phone		b. Job Ti	b. Job Title/Profession			ients	
	city, state, & zip)			Retired	l Profe	essor			
Virginia	Newell kford Court								
	Salem, NC 2710	1		c. Employ	yer's N	ame/Specific Field			
W IIIStoll	-Balein, IVC 2710	ı					TO1 4	0 -	
							e. Electio	on Sum to Date	
							\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descrip	ption	j. Date (mm/dd	І/уууу)	k. Amount	
	WIN2022	Check				11/08	3/2021	\$	25.00
								\$	
								\$	
	ibutor Informati			Add		Remove		والسيالة	
	ne, Mailing Address	& Phone		b. Job Tit			d. Comm	ents	
John Lar	city, state, & zip)			City Co	uncil	Member			
448 Facto				a Employ	rawla Nie	me/Specific Field			
	Salem, NC 27101					in Street	_		
	,					m, NC 27101	e. Election	n Sum to Date	
						, 1.0 2/101			
f. Prior	g. Account Code	h. Form of Payment	1 · · ·	77 3 3 3 3			\$	100.00	
			L. In-r	Kind Descrip	tion	j. Date (mm/dd		k. Amount	
	WIN2022	Check				11/18	/2021	\$	100.00
								\$	
	70							\$	
	butor Informatio			Add		Remove		XIII.	
	e, Mailing Address & city, state, & zip)	& Phone		b. Job Titl			d. Comme	ents	
Gayle An				Retired	CEO/	President			
2008 Fact				c. Employe	er's Na	me/Specific Field			
	Salem, NC 27106					on-Salem Inc.			
						treet #211	e. Election	Sum to Date	
				Winston	-Saler	n, NC 27101			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descript	tion	j. Date (mm/dd/	\$	100.00	
	WIN2022	Check				11/20/		k. Amount	100.00
						11/20/			100.00
								\$	
4. Total	only this Page						4	\$	227.00
	of ALL CRO						\$		225.00
		-1210 Pages Detailed Summary Page Cl	RO-1100)	1418			\$		

**Contributions from Individuals** 

Amendment

Use this	form to report ind	ividual contributions	240= P51	) ou oontuihutio		¢£0 :££ CD	0.1005 :	Yes	No No
1. Comp	nittee Full Name	ividual contributions ( and Fund if applica	ble)	or contributio	ns una	er \$50 if form CR	2. ID Nui		
	ee To Elect Tonya		ole)				2. III INUI		
								1CQ932	
	ibutor Informatione, Mailing Address			Add b. Job Title/Pro		nove	1.0		
	city, state, & zip)	& F Hone		Retired Prof		1	d. Commen	ts	
	earl Wilson			Retified 1 for	CSSIOIIA	.1			
	ntucky Avenue			c. Employer's N	Name/Sp	ecific Field			
Winston-	-Salem, NC 27101								
							e. Election S	Sum to Date	
							\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/y)	ууу)	k. Amount	
	WIN2022	Check				11/20/2	021	\$	25.00
								ф.	
								\$	
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	ibutor Informatio		$\boxtimes$	Add	Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title/Pro		Y NE The	d. Commen	ts	
Addie Ja	city, state, & zip)			Retired Prof	essiona	1			
	odil Drive			c. Employer's N	Jama/Sn	oific Field	1		
	ille, NC 27282			c. Employer 31	amerop	conc riciu			
							e. Election S	um to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description		j. Date (mm/dd/yy		k. Amount	
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3. Contri	ibutor Informatio	on		Add	Ren	nove	Ar to the		
	ne, Mailing Address	& Phone		b. Job Title/Pro	fession		d. Commen	ts	
	city, state, & zip)			Retired Profe	essiona				
Nancy You	_			c. Employer's N	lama/Sne	oific Field			
	Salem, NC 27106			c. Employer say	аше/эрс	cilic Fleid			
	•						e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/yy	уу)	k. Amount	
	WIN2022	Check				11/21/20	021	\$	100.00
								\$	
								\$	
4. Total	l only this Pag	e					\$		175.00
5. Total	of ALL CRO	-1210 Pages					\$		
/Thin line	a water ha on line 6 of	Detailed Comments Dans	DA 1100	1			•		

**Contributions from Individuals** 

Use this	form to report ind	lividual contributions	over \$5	0 or contribut	ions und	er \$50 if form C	CRO 1205 is	not used	s 🖂 140
1. Comm	aittee Full Name	(and Fund if applica	ible)				2. ID No		
Committ	tee To Elect Tonya	a McDaniel						1CQ932	
	ibutor Informatio		$\boxtimes$	Add	Rei	move			
	me, Mailing Address	& Phone		b. Job Title/P			d. Comme	ents	
	city, state, & zip)		-1	Retired-Te	acher				
Donald D	ook Meadow Cour	rt		a Employed	** /E-	100 TO 13			
	le, NC 27023-943			c. Employer's	s Name/Sp	ecific Field			
	-, - ·	•					e. Election	1 Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	n	j. Date (mm/dd/	/уууу)	k. Amount	
	WIN2022	Check				12/12		\$	100.00
								\$	
								\$	
	ibutor Informatio		X	Add	Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/P			d. Comme	ents	
(include ) LaGail Lo	city, state, & zip)			IT Supervis	sor				
3641 Sha				c. Employer's	- Mama/Sn				
	Salem, NC 27105	j		City of Wi			_		
	,			101 North			e. Election	Sum to Date	
				Winston-Sa			\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i In-I	Kind Description	2	j. Date (mm/dd/			
	WIN2022	Check	Is Au A	allu Descripcion		12/12/		k. Amount	100.00
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3. Contri	ibutor Informatio	on		Add	Rem	201/0		Φ	
	ne, Mailing Address &		E.M	b. Job Title/Pr		love	d. Commer	nte	
(include o	city, state, & zip)			Financial A			u. Comme	113	
Terri Legi									
	nding Creekway Salem, NC 27106			c. Employer's	-				
W III210II-	Salem, INC 2/100			Wake Fores			Til	~ . D .	
				Winston-Sa				Sum to Date	
f. Prior	g. Account Code	h Dawe of Daymont	· v v.				\$	100.00	
1, 1101		h. Form of Payment	I. In-N	Kind Description		j. Date (mm/dd/y		k. Amount	
	WIN2022	Check				12/12/	2021	\$	100.00
			-					\$	
4 Total	-1- (L:- D		1					\$	
	only this Page		-		= 100	11 11 11 11 11	\$		300.00
	of ALL CRO-	-1210 Pages Detailed Summary Page CF					\$		
J1919. 2. 12									

<u>3</u> of <u>6</u>

Amendment

**Contributions from Individuals** 

Contr	ributions fro	m Individuals		P	g <u>4</u>	of <u>6</u>	Amendmer Yes	_
		ividual contributions		0 or contributions un	der \$50 if form C	RO 1205 is		<u> </u>
1. Com	nittee Full Name	(and Fund if applica	ble)			2. ID Ni	ımber	
Commit	tee To Elect Tonya	a McDaniel					1CQ932	
	ibutor Informati			Add R	emove			
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comme	ents	
James Pe	e city, state, & zip)			CEO				
	ner Avenue			c. Employer's Name/	Specific Field			
Winston	-Salem, NC 27127	7		Winston-Salem U				
				201 West 5th Street		e. Election	Sum to Date	
				Winston-Salem, 1	NC 2/101	\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	WIN2022	ACTBLUE			12/07	/2021	\$	150.00
							\$	
							\$	
3. Contr	ibutor Informati	on	X	Add R	emove	10-7	JOSEPH CO.	
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comme	nts	
	city, state, & zip)			CEO				
Tanya W	llwater Drive			c. Employer's Name/S	Engoific Field			
	-Salem, NC 27106	i		WC Consulting &		_		
	•			3443 E3 Robinho		e. Election	Sum to Date	
				Winston-Salem, 1	NC 27106	\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	WIN2022	ACTBLUE			12/12/	2021	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informatio	on	$\boxtimes$	Add R	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts	
(include A Bakari	city, state, & zip)			Retired Profession	nal			
	athmount Drive			c. Employer's Name/S	Specific Field			
Winston-	-Salem, NC 27103			1				
						e. Election	Sum to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	WIN2022	ACTBLUE			12/12/	2021	\$	25.00
							\$	
							•	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

275.00

\$

\$

\$

		m Individuals ividual contributions	over \$50	0 or cont	ributio	Pg ns unde	_	if form C		Ye	
		(and Fund if applica		o or cont	TOULTO	no dirac.	Ψου	ii ioiii e.	2. ID N		I de la constante de la consta
Committ	ee To Elect Tonya	a McDaniel								1CQ932	
3. Contr	ibutor Informati	on		Add		Rem	ove				
a. Full Nar	ne, Mailing Address	& Phone		b. Job T	Title/Pro	ofession			d. Comm	ents	
	city, state, & zip)			Vetera	an Cou	ınselor					
Cherise V	Velez son Road					7 (0					
	son Road Salem, NC 27106	<b>.</b>		Forsy		Name/Spe	cific F	ield			
VV IIISTOII	outom, 140 27 100	,		roisy	11 1 601	11			e. Electio	n Sum to Date	× 7
									\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Da	te (mm/dd/		k. Amount	
	WIN2022	ACTBLUE						12/12/		\$	25.00
											20.00
										\$	
										\$	
	ibutor Informati		$\boxtimes$	Add	Ш	Rem	ove				
	ne, Mailing Address of city, state, & zip)	& Phone		b. Job T					d. Comm	ents	
Emma A				Insura	nce A	gent					
	nroe Road			c. Emple	oyer's N	lame/Spe	cific F	ield			
Charlotte	, NC 28205			State I		•					
						e Road			e. Election	n Sum to Date	
				Charlo	otte, N	C 28205	5		\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Descr	iption		j. Da	te (mm/dd/	уууу)	k. Amount	tm ·
	WIN2022	Check						12/05/	2021	\$	100.00
										\$	
										\$	
	ibutor Informatio			Add		Rem	ove		THE RELLEVI		
	ne, Mailing Address	& Phone		b. Job T					d. Comm	ents	
Kevin M	city, state, & zip)			Coun	cilman	l					
	dgins Hill Court			c Emple	over's N	ame/Spe	cific Fi	ald			
	Salem, NC 27103	,				ston-Sal		Ciu			
	•					lain Stre			e. Election	n Sum to Date	
				Winsto	on-Sal	em, NC	2710	1	\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descr	iption		j. Da	te (mm/dd/y	ууу)	k. Amount	
	WIN2022	ACTBLUE						12/13/	2021	\$	50.00
										\$	
										\$	
4. Tota	only this Pag	e			ALF.				\$		175.00
5. Total	of ALL CRO	1210 Pages							Φ.		

\$

Contri	ibutions if of	II Illuiviuuais						Yes	No No
Use this f	form to report indi-	vidual contributions o	ver \$50	or contribut	ions under	r \$50 if form CR	O 1205 is no	t used	
1. Comm	ittee Full Name (	and Fund if applical	ble)				2. ID Nun	ıber	
Committe	ee To Elect Tonya	McDaniel						1CQ932	
3. Contri	butor Informatio	n	$\boxtimes$	Add	Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Title/l			d. Comment	S	
(include Annie Wi	city, state, & zip)			Retired So	ocial Work	ter			
	hall View Court			c. Employer	's Name/Spe	cific Field			
	Salem, NC 27101			1					
							e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Descriptio	n	j. Date (mm/dd/yy	vv)	k. Amount	
	WIN2022	ACTBLUE				12/13/20		\$	100.00
	WAI VEGE	TOTAL				127.207.2			100.00
								\$	
								\$	
3. Contri	butor Informatio	n	$\boxtimes$	Add	Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Title/			d. Comment	S	
	city, state, & zip)			Executive	Director				
Louis Sm 2450 Nor	thwick Drive			c. Employer	's Name/Spe	cific Field			
	Salem, NC 27103			Rein & In					
					nwell Driv		e. Election S	um to Date	
				Winston-S	Salem, NC	27105	\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	n	j. Date (mm/dd/yy	уу)	k. Amount	
	WIN2022	ACTBLUE				12/13/20	021	\$	50.00
								\$	
								\$	
	ibutor Informatio		$\boxtimes$	Add	Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Title/	Profession		d. Comment	S	
Crayola (	city, state, & zip)			Records					
	ce Box 21142			c. Employer	's Name/Spe	cific Field			
Winston-	Salem, NC 27120					riff Office			
					Main Str		e. Election S	um to Date	
				Winston-S	Salem, NC	27101	\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	n	j. Date (mm/dd/yy	уу)	k. Amount	
	WIN2022	Check				10/07/2	021	\$	100.00
								\$	
								\$	
	l only this Pag		100				\$		250.00
	l of ALL CRO	-1210 Pages Detailed Summary Page (	CRO-1100				\$		1600.00
I ARTO TELL									

Pg <u>6</u> of <u>6</u>

Amendment

## **Contributions from Political Party Committees**

Pg <u>1</u> of <u>1</u> Amendment No

Use this form to report contributions from a political party

	1. Committee Full Name (and Fund if applicable)											
Committee to Elec	ct Tonya McDaniel							1CQ93	2			
3. Contributor In	formation	$\boxtimes$	Add		Ren	nove						
a. Full Name, Mailing (include city, state,							b. Co	nments				
	SENATE COMMIT	TEE										
P. O. BOX 20262	WINSTON-SALEM,		JINA									
27120							c. Elec	ction Sum to D	Date			
							\$	200.00				
d. Account Code	e. Form of Payment	f. In-Kind Descrip	ption			g. Date (mm/dd/yyy	y)	h. Amount				
WIN2022	CHECK					12/13/2	2021	\$ 200	0.00			
								\$				
								\$				
3. Contributor In	formation		Add		Ren	nove	W.E.					
a. Full Name, Mailing					1		b. Cor	nments				
(include city, state,	& zip)	6.										
							c. Elec	ction Sum to D	ate			
							\$					
d. Account Code	e. Form of Payment	f. In-Kind Descrip	ption			g. Date (mm/dd/yyy	у)	h. Amount				
								\$				
								\$				
								\$				
3. Contributor In	formation		Add		Ren	nove	-/-	Trans.	15775			
a. Full Name, Mailing							b. Cor	nments				
(include city, state,	& zip)											
							c. Elec	tion Sum to D	ate			
							\$					
d. Account Code	e. Form of Payment	f. In-Kind Descrip	ption			g. Date (mm/dd/yyy	y)	h. Amount				
								\$				
								\$				
			· · · · · · · · · · · · · · · · · · ·					\$				
4. Total only the	his Page		1000			3.6	\$	200.00				
	L CRO-1220 Pag						\$	200.00				

Disbursem	ents			Pg <u>1</u>	of <u>3</u> Amendment		
Use this form to	report expenditures	from the committ	tee for; operating exp	enses, contributions	to candidate/political		
committees and	coordinated party ex	xpenditures.					
	Full Name (and Fun Elect Tonya McDan				2. ID Number		
3. Type of Dish			CRO-1310 forms for a	and the of Ni-L	1CQ932		
Operating I		Contributions to Car	indidates/Political Commit	tees Dispur	Coordinated Party Expenditures		
4. Payee Inform		X	Add	Remove	Coordinated Farty Experientines		
	ling Address & Phone		b. Coordinated Comm		d. Comments		
(include city, state,	& zip)						
FORSVTH COL	UNTY BD. OF ELE	CTIO					
201 CHESTNU		CHO	c. Level Registered (Sp	necify)			
	LEM, NORTH CAP	ROLINA	Federal	County:			
27101			State	Municipality:	e. Election Sum to Date		
					\$ 227.00		
f. Account Code	g. Form of Payment	h. Purpose Code	Detection (NI)				
			i. Date (mm/dd/yyy	y) j. Amount	k. Required Remarks FILING FEE		
WIN2022	CHECK	Н	12/06/2022	\$227.00	FILING FEE		
				\$			
4. Payee Inform	ation	X	Add	Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Comm		d. Comments		
(include city, state,							
	& FARMERS BANI	K					
	uther King Jr Dr LEM, NORTH CAR	OLINIA	c. Level Registered (Sp				
27101	LEW, NORTH CAR	OLINA	Federal State	County:  Municipality:	a Floodian Sum to Date		
			State	Wunterparity.	e. Election Sum to Date		
f. Account Code	n en	h Down and Code			\$ 10.00		
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	y) j. Amount	k. Required Remarks		
WIN2022	DRAFT	K	12/06/2021	\$10.00	CHECK FEE		
				\$			
4. Payee Inform			Add	Remove			
(include city, state,	ng Address & Phone		b. Coordinated Commi	ittee Name	d. Comments		
	& FARMERS BANK	7					
	uther King Jr Dr		c. Level Registered (Sp	ecify)			
	LEM, NORTH CAR	OLINA	Federal	County:			
27101			State	Municipality:	e. Election Sum to Date		
					\$ 6.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy)	j. Amount	k. Required Remarks		
WIN2022	DRAFT	K	11/30/2021	\$6.00	SERVICE CHARGE		
				\$			
5. Total only thi	is Page			والمرابط والمرازي والمرازي	\$ 243.00		
	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		\$		
(This line goes in	une 130 of Detailed Sum line 13c of Detailed Sum	mary Page CKO-1100 marv Page CRO-1100	) if Contrib to Candidates/ ) if Coordinated Party Exp	Political Comm)			
	es (List detailed exp						
A* - Media	B* - Printing	C* - Fund	Iraising		other Candidate		
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic	al Party e Expenses		ng Public Office Expenses		
O* - Other				Q* - Dona	tion to Legal Expense Fund		
* Codes require	e detailed explanati	on in required re	marks field (k)				

**Disbursements** 

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.									
1. Committee F	2. ID Number								
Committee To	1CQ932								
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating E			ndidates/Political Committee	s C	coordinated Party Expenditures				
4. Payee Information			Add [	Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments				
	ECT TONYA McD	ANTITET	-						
P. O. BOX 211		ANIEL	c. Level Registered (Spec	is.	_				
WINSTON-SALEM, NORTH CAROLINA			Federal Federal	County:	-				
27120			State	Municipality:	e. Election Sum to Date				
					\$ 750.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
WIN2022	CHECK	K	12/15/2022	\$750.00	LAMAR REIMBURSEMENT				
				\$					
4. Payee Inform			Add [	Remove					
	ng Address & Phone		b. Coordinated Committ	ee Name	d. Comments				
(include city, state,									
	& FARMERS BAN	K	I I I I I I I I I I I I I I I I I I I	10.3	_				
770 N Martin Luther King Jr Dr WINSTON-SALEM, NORTH CAROLINA			c. Level Registered (Specify)		_				
27101	LEW, NORTH CAP	OLINA	Federal State	County:  Municipality:	e. Election Sum to Date				
2,101			State						
					\$ 10.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
WIN2022	DRAFT	K	12/15/2021	\$10.00	CHECK FEE				
				\$					
4. Payee Information a. Full Name, Mailing Address & Phone			Add Remove						
(include city, state,			b. Coordinated Committee Name		d. Comments				
	& FARMERS BANI	7							
	uther King Jr Dr	`	c. Level Registered (Specify)						
	LEM, NORTH CAR	OLINA	Federal County:		-				
27101			State	Municipality:	e. Election Sum to Date				
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (mm/dd/mm)		\$ 6.00				
			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks SERVICE CHARGE				
WIN2022	DRAFT	K	12/31/2021	\$6.00	SERVICE CHARGE				
				\$					
5. Total only thi		\$ 766.00							
	CRO-1310 Pages line 13a of Detailed Sun	man Page CDO 110	O if O and in F						
	une 13a of Detailed Sun line 13b of Detailed Sun	\$							
(This line goes in	line 13c of Detailed Sun								
(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	ner Candidate							
E - Salaries	F* - Equipment	G - Politic	Party H* - Holding Public Office Expenses		g Public Office Expenses				
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (k)									

of  $\underline{3}$ 

Amendment

No

**Disbursements** 

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.									
	full Name (and Fun	2. ID Number							
	Elect Tonya McDani	1CQ932							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating F	xpenses		andidates/Political Committees		Coordinated Party Expenditures				
4. Payee Information			Add Remove						
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		d. Comments				
(include city, state,									
	LECT TONYA McD	ANIEL							
P. O. BOX 21142			c. Level Registered (Specify)						
WINSTON-SALEM, NORTH CAROLINA 27120			Federal	County:					
27120			State	Municipality:	e. Election Sum to Date				
					\$ 400.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
WIN2022	CHECK	K	12/24/2022	\$750.00	LAMAR REIMBURSEMENT				
	f			\$					
4. Payee Inform			Add	Remove					
	ing Address & Phone		b. Coordinated Committee		d. Comments				
(include city, state,									
	& FARMERS BANI	X.							
	uther King Jr Dr	OL DIA	c. Level Registered (Specify						
27101	LEM, NORTH CAR	OLINA	Federal State	County:					
2/101			X State	Municipality:	e. Election Sum to Date				
					\$ 10.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
WIN2022	DRAFT	K	12/24/2021	\$10.00	CHECK FEE				
				\$					
4. Payee Inform			Add	Remove					
	ng Address & Phone		b. Coordinated Committee Name		d. Comments				
(include city, state,	& zip)								
			1 12 12 12						
			c. Level Registered (Specify)  Federal County:		_				
			State	County: Municipality:	e. Election Sum to Date				
		State	Municipanty.						
					\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
				\$					
				\$					
5. Total only thi					\$ 410.00				
	CRO-1310 Pages								
	line 13a of Detailed Sum	\$ 1419.00							
	line 13b of Detailed Sum	1113.00							
(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 - Politic	H* - Holding Public Office Expenses						
I - Postage	J - Penalties	K* - Offic	ce Expenses		on to Legal Expense Fund				
O* - Other  * Codes require detailed explanation in required remarks field (k)									

Pg

<u>3</u>

of  $\underline{3}$ 

Amendment Yes

No

**Disbursements**