Disclosure Re	port Cover					Amendment			
Use this form for gen	neral report and committee	information,	, must be signe	ed and sub	mitted along with o	Yes No			
Do not use this form	to update information		Ort and			The detailed forting.			
1. Committee Infor	mation		BOAD	DETINIC	COUNTY ECTIONS				
a. Full Name	ELECT TONYA McDANI	DI				c. ID Number			
		EL 	2022 M/	17 10 1	1CQ932				
b. Mailing Address (incl P. O. BOX 21142	ude City, State and Zip Code)		E 17 G			d. Date Filed			
	1, NORTH CAROLINA 2	7120	15 15 15 15 15 15 15 15 15 15 15 15 15 1		05/10/2022				
				e. Phone Number					
					336-926-8347				
2. Report Year	3. Period Start Date (mm/c	HEI/VVI	4. Period End Date (mm/dd/yy) 5. Treasurer Full			Name			
2022	01/01/2022	01/01/2022 04			SHERYL D. FUN	DERBURK			
6. Type of Committee	ee (Check One)	9. Type of	Report	(check on	ly one type of report	t from one esteron			
Candidate Campa		Municipal		State/Co		Referendum			
PAC	Referendum	Orga	anizational	_	Organizational	Organizational			
Independent Expenditure	Joint Fundraiser	Thir	ty-five day		Quarterly	Pre-referendum			
Legal Expense Fur 7. Type of Fund	(if applicable, check one)	 							
"Booster Fund"	(у иррисаоне, спеск опе)	1	primary election		First	Final			
Building Fund			runoff		Second Third	Supplemental Final			
		_	i-annual		Fourth	Annual Special			
			Mid Year	S	Semi-annual	Бреста			
Other:			Year End		Mid Year	10. Special Report Name			
		Final	1		Year End	The state of the s			
8. Number of Fundr	aisers this Report	☐ Spec	ial "	F F	inal				
	_1				pecial				
11. Account Informa					nformation				
a. Financial Institution Fu			a. Fins	ancial Instit	tution Full Name				
MECHANICS & FA									
CAMPAIGN INC	c. Account Code		b. Pur	pose		c. Account Code			
CAMPAIGN EXP	WIN2								
	d. Period Begin Balance					d. Period Begin Balance			
	\$ 181.00					\$			
CERTIFICATION									
is complete, true and c	mittee or Fund is in compliances and that no funds are concorrect and that I have been FUNDERBURK Printed Name of Signer	nmingled wi	th prohibited the NO State Bo	or other no	on-disclosed funds, ections.	22D-22M of Chapter 163 of further certify that this report			
FOR OFFICE USE ON			Signature	oi Appointe	reasurer	Date			
Date Received:		Emp	oloyee:		<u>I</u>	Delivery Method Normal Mail			
Date Postmarked:		Emp	loyee:			Registered Mail Hand Delivered			
Date Scanned:		Emp	loyee:	A		Electronically Filed Signer has not received			
Date Data Entered	l:	Emp	loyee:			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.								
	ou must amend the Statem	ent of Organ	uzation (CRO-	2100A-E) to make committee	e changes.			

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

Amendment Yes No

1. Committee Full Name (and Fund if applicable) 2. 7	ype of Repor		3. ID Number
COMMITTEE TO ELECT TONYA McDANIEL FII	RST QUARTE	ER PLUS	1CQ932
	2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 181.00	\$ 181.00
RECEIPTS		7	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 315.00	\$ 315.00
6) Contributions from Individuals	(CRO-1210)	\$ 7972.00	\$ 7972.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 150.00	\$ 150.00
9) Loan Proceeds	(CRO-1410)	\$	\$
0) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
1) Other Receipt Sources			
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, 11d	and 11e)	\$ 8437.00	\$ 8437.00
XPENDITURES			
B) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 5331.55	\$ 5331.55
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
Loan Repayments	(CRO-1420)	\$	\$
Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
) In-Kind Contributions	(CRO-1510)	\$	\$
TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 ar		\$ 5331.55	\$ 5331.55
) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin		\$ 3286.45	\$ 3286.45
DDITIONAL INFORMATION			Ψ 3280.43
Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	DEPT 2 1 100
Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
Debts and Obligations owed To the Committee		\$	
Account Transfers Within the Committee		\$	
Administrative Support	-	\$	•
Forgiven Loans			\$
) 48-Hour Notice Reports Sum		\$	\$
Contributions to be Refunded	-	\$	\$
CO-1100 NC State Doord of Floring	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

Amendment

1

Yes 🖂

No :

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

CON	MITTER TO	Name (and Fun ELECT TONYA	d it applicable)			2. II	D Number
			MCDANIEL				1CQ932
3. Co	ntributor Info				2 1		
a. Am		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yy	yy)	f. Amount
	Add Remove	WIN2022	ACTBLUE		02/26/		\$ 25.00
	Add Remove	WIN2022	ACTBLUE		03/06/	2022	\$ 25.00
	Add Remove	WIN2022	ACTBLUE		03/06/2	2022	\$ 10.00
	Add	WIN2022	ACTBLUE				
	Remove Add	_			03/29/2		\$ 50.00
7	Remove	WIN2022	ACTBLUE		04/08/2	2022	\$ 30.00
	Remove	WIN2022	ACTBLUE		04/29/2	2022	\$ 25.00
	Add Remove	WIN2022	CHECK		03/09/2	2022	\$ 50.00
	Add Remove	WIN2022	CHECK		03/31/2	022	\$ 50.00
-	Add Remove	WIN2022`	CHECK		04/29/2	022	\$ 50.00
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	al only this l	Page RO-1205 Pag	Jes .			\$	615.00
			nary Page CRO-1100)			\$	615.00

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1. Com	mittee Full Name	dividual contributions (and Fund if applic	over \$3	or contribution	is unde	r \$50 if form CI			
		T TONYA MCDANI					2. ID N		
								1CQ9;	32
	ributor Informat			Add 🔲	Rem	ove			
	me, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Prof			d. Comments		
	RD BENNETT			NO JOB TIT	LE				
	OTTINGHAM RC	AD		c. Employer's Na	me/Sne	cific Field	-		
	ON-SALEM, NC			DONOR DID	-				
27104							e. Election	n Sum to Dat	e
							\$	100.00	
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	city, state, & zip)			PASTOR					
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WINSTON-SALEM, NORTH CAROLINA				c. Employer's Nat					
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	ne, Mailing Address é			b. Job Title/Profes		**	d. Commer	nts	
	city, state, & zip)			NO JOB TITL	E				
	PIGGOTT	DDITE							
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	of ALL CRO-						\$		400.00
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Contributions from Individuals

Amendment

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		(and Fund if applica		U OI COI	MIOGEORG	under	DO II IOIIII CR	2. ID Nu		
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	e city, state, & zip)				JOB TITL			u. Cominica	ats	
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27101								e. Election	Sum to Date	
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	e city, state, & zip)			NO J	OB TITLE	E				
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27103	M-SALLIVI, INON	In Carolina						e. Election S	Sum to Date	
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		m Individuals dividual contributions	over \$5	50 or cont	ributio	Pg ns unde	<u>3</u> of er \$50 if form CF		Amendmen Yes not used	
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	ributor Informati			Add		Ren	nove			
	ame, Mailing Address	& Phone			Title/Pro			d. Comme	nts	
	e city, state, & zip) AS DAVIS			NO JO	OB TIT	ILE				
	CKY VALLEY DI	RIVE		c. Employer's Name/Specific Field						
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28684								e. Election	Sum to Date	
								\$	150.00	
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	me, Mailing Address o e city, state, & zip)	& Phone		b. Job Ti	Title/Prof OB TIT			d. Commen	ıts	
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	HOLDEN ROAD			c. Emple	oyer's N	ame/Spe	ecific Field			
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27407								e. Election S	Sum to Date	
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	ILLMARK ROAL)		c. Emplo	ver's Na	me/Spe	cific Field			
	ON-SALEM, NOR	TH CAROLINA					EPORT			
27127								e. Election S	um to Date	
	T	1						\$	250.00	
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		om Individuals	, the		. #4 . , #	Pg			Amendment Yes	
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	RLY HARDY									
	RAND SPRINGS I ON-SALEM, NOR					me/Sp	pecific Field			
27127	JN-SALEIVI, INCI	(TH CAROLINA		HAW	VS			e Election	Sum to Date	
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WINSTON-SALEM, NORTH CAROLINA				DOI	OK DID.	N I IX	EFORI	e. Election	Sum to Date	
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	ON-SALEM, NOR	TH CAROLINA	1	NOT	EMPLOY	YED				
27105			1					e. Election S	um to Date	
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	WIN2022	CHECK					04/19/202	22	\$	500.00
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		lividual contributions		0 or cont	tributions	under \$50 if form C			
		(and Fund if applica			MEE		2. ID N	umber	
		T TONYA MCDANIE	EL					1CQ932	
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	e city, state, & zip)			NO J	JOB TITLE	E			
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	MBROOKE FORE ON-SALEM, NOR					ne/Specific Field			
27106	JIN-SALEIVI, NON	JH CAROLINA		NOT	EMPLOY	(ED	Floatio	n Sum to Date	
2/100							e. Election	51.00	
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	WIN2022	CHECK			-	04/29/		\$	51.00
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	me, Mailing Address &	& Phone			Title/Profess		d. Comme	ents	
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P. O. BO		~ · ·				e/Specific Field			
ELKIN, N 28621	NORTH CAROLII	NA		DON	OR DIDN	T REPORT			
28021							e. Election	n Sum to Date	
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(Include o	city, state, & zip)			4					
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	Y						\$		
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Contributions from Individuals

Amendment

20

Yes 🖂

No

		om Individuals dividual contributions	over \$5	50 or contributions w	Pg <u>6</u> o	of <u>20</u>	Amendme Ye	
		(and Fund if applica		of Contributions a	naer woo it form e.	2. ID N		
COMM	ITTEE TO ELLE	CT TONYA McDAN	IEL				1CQ932	
3. Cont	ributor Informat	ion		Add [] F	Remove			
a. Full Na	ame, Mailing Address	& Phone		b. Job Title/Professi		d. Comm	ents	
	e city, state, & zip)			NO JOB TITLE				
	ER TIERNEY							
ı	RIGHTINGTON (c. Employer's Name.				
	RSVILLE, NORT	TH CAROLINA		NOT EMPLOYE	ED			
27284						e. Electio	n Sum to Date	
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	LOWERS			ATTORNEY				
		WS DRIVE		c. Employer's Name/	Enonific Field			
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27103	,				21111	e, Election	Sum to Date	
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	city, state, & zip)			Retired Profession				
	NDA MILLNER			SELF-EMPLOYE				
	AYS LAND COU			c. Employer's Name/S				
27284	RSVILLE, NORTI	H CAROLINA		URBAN STEAM	FOUNDATION			
27204						e. Election	Sum to Date	
4 m :						\$	100.00	
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		m Individuals lividual contributions	over \$5	0 or contributions	Pg <u>7</u> o			
		(and Fund if applica				2. ID N		EVILLE
		CT TONYA McDANI					1CQ932	
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	e city, state, & zip)			NO JOB TITLE	Ξ			
	McCASKILL							
	AMILLIE RUN ON-SALEM, NOF	TH CAROLINIA		c. Employer's Nam				
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	WIN2022	ACTBLUE			02/28/2	2022	\$	100.00
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	2015 BIG HOUSE GAINES BLVD. WINSTON-SALEM, NORTH CAROLINA		c. Employer's Name		_			
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		· · · · · · · · · · · · · · · · · · ·				\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/y	ууу)	k. Amount	
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	TON CARSON			SELF-EMPLOY				
	VACK STREET	TILGADOLDIA		c. Employer's Name				
27105	N-SALEM, NOR	TH CAROLINA		SELF EMPLOY	EE			
2/103						e. Election	Sum to Date	
		T				\$	51.00	
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	WIN2022	ACTBLUE			03/23/2	022	\$	51.00
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5. Total of ALL CRO-1210 Pages

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		lividual contributions		0 or contrib	utions v	ınder \$50 if form CI	RO 1205 is	not used	
1. Comm	nittee Full Name	(and Fund if applica	ble)				2. ID Nu	amber	
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	ributor Infor <mark>mati</mark> o			Add [Remove			
	me, Mailing Address &	& Phone		b. Job Title			d. Comme	ents	
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	ON-SALEM, NOR			volvo		e/Specific Field			
27106	711-1/11/11/11/11/11/11	.III Ontomus		VOL.			e. Election	n Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Descripti	ion	j. Date (mm/dd/y	/ууу)	k. Amount	
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	city, state, & zip)			CONSUI	LTANT				
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WINSTON-SALEM, NORTH CAROLINA 27116				DELOIT	TE LLC	3	Tiv - Air-	The state of the s	
27116							e. Election	Sum to Date	
f. Prior	- Assaunt Cada	1 E-m of Downsont	, ₁₋₁ 1	7 W			\$	101.00	
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	ne, Mailing Address &	& Phone		b. Job Title/			d. Commen	ats	
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Contributions from Individuals

Amendment

Yes 🖂

No

		m Individuals lividual contributions	over \$5	P 0 or contributions ur	g <u>9</u> onder \$50 if form C		Amendmen Yes	
		(and Fund if applica			tuor 400 ir roim C.	2. ID Nu		-, IWI
COMM	ITTEE TO ELLE	CT TONYA McDAN	IEL				1CQ932	
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	e city, state, & zip)			LEADERSHIP C	COACH			
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	ON-SALEM, NOF			c. Employer's Name/SEL-EMPLOYE		_		
27105	or bribbin, nor	KIII O/IKODIWA		SEE-EMI LOTE	D .	e Election	Sum to Date	
l								
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	city, state, & zip)			EDUCATION				
	A TYSON							
4149 MI	4149 MILL CREEK ROAD			c. Employer's Name/S				
WINSTO	ON-SALEM, NOR	TH CAROLINA		COLLEGE	d51 IAN			
27106	,			COLDEGE		e. Election S	Sum to Date	
						\$	102.00	
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	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Retired Profession				
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	MILLIE KUN)N-SALEM, NOR	TH CADOLINIA		c. Employer's Name/S				
27106	M-SALLIVI, NOR	I'H CAROLINA		NOT EMPLOYEI	,	e. Election S	um to Data	
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	WIN2022	ACTBLUE			03/29/2	022	\$	102.00
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5. Total of ALL CRO-1210 Pages

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		m Individuals				Pg			Yes	No
		dividual contributions		0 or contr	ibution	ıs unde	er \$50 if form CF			- Paris - Pari
		(and Fund if applica		Way.				2. ID Nu	ımber	The point
		CT TONYA McDANI							1CQ932	
	ributor Informati			Add			nove			
	me, Mailing Address e city, state, & zip)	& Phone		b. Job Ti				d. Comme	ents	
	V STRAMGE			NO JO	BIII	LE				
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	ON-SALEM, NOF	RTH CAROLINA		NOT E						
27105								e. Election Sum to Date		
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	me, Mailing Address	& Phone		b. Job Title/Profession				d. Commer	nts	
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76543						1.2	2	e. Election	Sum to Date	
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	N-SALEM, NOR	TH CAROLINA						e. Election S	Sum to Date	
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		m Individuals	over \$5			e of		Amendme Yes	
		(and Fund if applica		o or contributions a	nger 450	ii ioini ci	2. ID Nu		V
		CT TONYA McDANI						1CQ932	
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a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	on		d. Comme	nts	
	city, state, & zip)			WAREHOUSE					
	EVANS, III								
	GLEN DRIVE	THE CAROL BIA		c. Employer's Name	/Specific Fi	eld			
27127	ON-SALEM, NOR	TH CAROLINA		MOTION			a Floation	Sum to Date	
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							\$	100.00	
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	city, state, & zip)			PROGRAM MA	NAGER				
I,l	A ANDERSON								
	NNABOW ROAD N-SALEM, NOR			c. Employer's Name/	Specific Fig	eld			
27105	m-salew, nor	ITT CAROLINA		rcso			a Flastian	Sum to Date	
27103									
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SEENA F									
	OMLEY DRIVE	I CAROVENIA		c. Employer's Name/	Specific Fie	eld			
	SVILLE, NORTH	I CAROLINA		EDUCATION					
27284							e. Election	Sum to Date	
			.,_				\$	51.00	
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		om Individuals		70 · · · · · · · · · · · · · · · · · · ·	*1	Pg	<u>13</u> of	f <u>20</u>	Yes	s 🛛 No
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ı								2. ID Nu		DL
		CT TONYA McDANI							1CQ932	
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	ame, Mailing Address of city, state, & zip)	& Phone		b. Job T	Title/Profe	ession		d. Commen	nts	
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27105								\$	61.00	
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27284								e. Election S		
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Contributions from Individuals

Amendment

No

		m Individuals ividual contributions	over \$5	0 or contribution	Pg is unde			Yes Yes	No.
		(and Fund if applica		o or committee	5 unac	I WOV II TOITH OL	2. ID Num		
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	e city, state, & zip)			RN					
	ON PENDER OVACK ST.			c. Employer's Na	ma/Snc	aifia Field			
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27105	,				J		e. Election Si	um to Date	
							\$	100.00	
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	city, state, & zip)			NO JOB TITLE					
	KENNETH CRUMB 3811 TIVERTON DRIVE			c. Employer's Na	ma/Sna	oific Field			
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27105	-					1	e. Election Su	um to Date	
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	A REICHEL			DrA					
1133 MA	ARTIN STREET			c. Employer's Nar	me/Spec	ific Field			
	ON-SALEM, NORT	ΓΗ CAROLINA		GOVERNME	NT				
27103							e. Election Su	ım to Date	
							\$	51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description		j. Date (mm/dd/yyy	/y)	k. Amount	
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Contributions from Individuals

Amendment

No

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	ON-SALEM, NOR	TH CAROLINA		CONE HEALTH				
27127						e. Election	Sum to Date	
						\$	51.00	
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	ne, Mailing Address		6.3	b. Job Title/Profession	1010	d. Commen	ts	
	city, state, & zip)			NO JOB TITLE				
FREDA STEWART						_		
	P. O. BOX 632 LEWISVILLE, NORTH CAROLINA			c. Employer's Name/Spo				
27023	iele, nomi	AROLIVA		NOT ENITED TED	e. Election S	Sum to Date		
						\$	102.00	
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	city, state, & zip) OPLES-JOYNER			LAW ENFORCEM	ENI			
	YNOLDS MANO	R DRIVE		c. Employer's Name/Spe	ecific Field			
	N-SALEM, NOR	TH CAROLINA		W-S POLICE DEPA	ARTMENT			
27107						e. Election S	Sum to Date	
						\$	51.00	
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Contributions from Individuals

Amendment

		lividual contributions		0 or contrib	utions t	ınder \$50 if form C	2RO 1205 is	not used	
1. Comn	mittee Full Name	2. ID Nu	ımber						
COMMI	TTEE TO ELLEC	CT TONYA McDANI	EL					1CQ932	,
	ributor Informati			Add [Remove			1 : -1 - 1
	me, Mailing Address	& Phone		b. Job Title			d. Comme	ents	
	e city, state, & zip)			GOVER	NMEN	T RELATIONS			
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	GH, NORTH CAR			REYNO		e/Specific Field			
27610	11, 11011111 01111	OLITAL		KELLIO	LIUG		e. Election	Sum to Date	
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3. Contri	ibutor Informatio	on		Add [Remove			
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	city, state, & zip)			MANAG	ER				
	NE M. GRIFFIN	_							
	B19 BITTING HAL DRIVE RURAL HALL, NORTH CAROLINA					e/Specific Field			
RURAL HALL, NORTH CAROLINA 27023				NOVAN	I HEA	LIH	^ Flaction	Sum to Date	
27023									
							\$	102.00	
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	BORO, NORTH	CAROLINA		EHG INC		/Specific Field	-		
27407	Dono, nomi	CAROLITA		EHO INC	٠.		e Election	Sum to Date	
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5. Total	of ALL CRO-	-1210 Pages			- 91				
(This line	must he an line 6 of 1	Detailed Summary Page Cl	RO-1100				\$		

Contributions from Individuals

Amendment

<u>16</u>

of

20_

		m Individuals ividual contributions	over \$5	Pg O or contributions und			Amendmen Yes	
		(and Fund if applica		o or controlled and	aci 450 ii ioiiii Ci	2. ID Nu		
СОММІ	TTEE TO ELLEC	CT TONYA McDAN	ŒL				1CQ932	
3. Contr	ibutor Informati	on		Add Re	move			
	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comments		
	city, state, & zip)			OWNER				
	D DUNN	COLDE						
	OOK MEADOW ON-SALEM, NOR			c. Employer's Name/S WHERRY INC.	pecific Field	-		
27023	511 B1122111, 1101	CITI CAROLINA		WIERRI INC.		e. Election	Sum to Date	
						\$	102.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y		k. Amount	
	WIN2022	ACTBLUE			04/16/2	2022	\$	102.00
							\$	
							\$	
	ibutor Informatio			Add Re	move	, K		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commer	nts	
	city, state, & zip) D WATKINS			THERAPIST				
	GLISH IVY COU	RT		c. Employer's Name/S	posific Field			
	RSVILLE, NORTI			SELF EMPLOYE		+		
27284	, , , , , , , , , , , , , , , , , , , ,					e. Election	Sum to Date	
						\$	51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Description	j. Date (mm/dd/y	/ yy)	k. Amount	
	WIN2022	ACTBLUE			04/16/2	022	\$	51.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Rei	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			CONSULTING				
P. O. BO	ROADWAY			E E L L L M	1.00			
	IIA, NORTH CAF	POLINA		c. Employer's Name/Sp SELF EMPLOYEI				
27010	, 11011111 0111	COLIVIA		SEEF ENI EOTEL	,	e. Election S	Sum to Date	
						\$	51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy		k. Amount	
	WIN2022	ACTBLUE			04/16/2		\$	51.00
							\$	
							\$	
4. Total	only this Page					\$		204 00

5. Total of ALL CRO-1210 Pages

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

\$

		m Individuals			Pg	<u>18</u> 0	of <u>20</u>	Yes	S N	
		lividual contributions		0 or contribut	ons unc	ler \$50 if form C				
		(and Fund if applica				21-21-5	2. ID No	umber		
		CT TONYA McDAN						1CQ932		
	ributor Informati			Add		move				
	me, Mailing Address	& Phone		b. Job Title/P			d. Comme	d. Comments		
LINDA	e city, state, & zip) McRAE			PSYCHOI	JOGIST					
	ESSMAN DRIVE	Ξ		c. Employer's	Name/Si	pecific Field				
WINSTO	ON-SALEM, NOF	RTH CAROLINA		HOPE						
27105							e. Election	Sum to Date		
							\$	51.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd/y	уууу)	k. Amount		
	WIN2022	ACTBLUE				04/16/	2022	\$	51.00	
								\$		
								\$		
	ributor Informatio			Add 🗌	Rer	nove	- 4-			
	me, Mailing Address	& Phone		b. Job Title/P			d. Comme	nts		
	city, state, & zip) MONTGOMERY	7		SOCIAL W	ORKE	R				
		ſ		c. Employer's	Nama/Sn	anific Eield				
	P. O. BOX 24742 WINSTON-SALEM, NORTH CAROLINA					CARE SERV.	-			
27114	ŕ						e. Election	Sum to Date		
							\$	51.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount		
	WIN2022	ACTBLUE				04/16/2	2022	\$	51.00	
								\$		
								\$		
	ibutor Informatio			Add	Ren	nove				
	ne, Mailing Address &	& Phone		b. Job Title/Pr			d. Commer	rts		
	city, state, & zip) HEILBRON			NON PROI	TT					
	OWELL CIRCLE			c. Employer's	Name/Sn	ecific Field				
PFAFFT	OWN, NORTH C	AROLINA		CFEC						
27040							e. Election	Sum to Date		
							\$	51.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/y	ууу)	k. Amount		
	WIN2022	ACTBLUE				04/16/2	022	\$	51.00	
								\$		
								\$		
4. Total	only this Page	e	M.			1911, 371, 1	\$	11."	153.00	
5. Total	of ALL CRO	-1210 Pages	1 -11				•			
/FT10 + 1+		0.410 5		, and the same of			\$			

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

Amendment

		m Individuals		P			Amendme Yes	
		lividual contributions		0 or contributions un	der \$50 if form CI			
1. Com	mittee Full Name	(and Fund if applica	ible)			2. ID Nu	mber	E N 1 1 E
COMM	ITTEE TO ELLE	CT TONYA McDAN	ŒL				1CQ932	
3. Conti	ributor Informati	ion		Add Re	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	nts	
	e city, state, & zip)			STORE MANAG	ER			
KERRY								
	REENCEDAR LA			c. Employer's Name/S	Specific Field			
27127	JN-SALEM, NOI	RTH CAROLINA		US FITNESS				
2/12/						e. Election	Sum to Date	
				1		\$	102.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	WIN2022	ACTBLUE			04/16/2	2022	\$	102.00
							\$	
							\$	
3. Contr	ibutor Informati	on	\boxtimes	Add \(\bar{\pi} \) Re	emove			
	me, Mailing Address		E-a-il	b. Job Title/Profession		d. Commen	ıts	
(include	city, state, & zip)			SCHOOL COUNS	SELOR			
	NIE BOYD GRA							
	1416 CASEY TRACE COURT			c. Employer's Name/S	pecific Field			
	ON-SALEM, NOR	TH CAROLINA		WSFCS				
27127						e. Election S	Sum to Date	
						\$	51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	WIN2022	ACTBLUE			04/16/2	022	\$	51.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add Re	move	7017		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			MANAGER				
	ED BOWEN NG HILL DRIVE							
	NG HILL DRIVE N-SALEM, NOR	TH CAROLINIA		c. Employer's Name/Sp				
27105	N-SALEM, NOR	IHCAROLINA		PROGRESS RAIL	,	e. Election S	Sum to Date	
27103						\$	51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy		k. Amount	
	WIN2022	ACTBLUE	11 24 25	and Description	04/16/20		\$	51.00
		11012202			04/10/20			31.00
							\$	
4 655 4 7	1 (11 %						\$	
	only this Page		1			\$		204.00
5. Total	of ALL CRO	-1210 Pages				\$		
(This line	must be on line 6 of I	Detailed Summary Page C	RO-1100)			Φ		

		m Individuals				Pg		of	Amendme Ye	
		lividual contributions (and Fund if applications)		0 or cont	ributio	ns und	er \$50 if form C			
								2. ID Nu	ımber	
COMMI	TTEE TO ELLE	CT TONYA McDAN	IEL						1CQ932	
	ibutor Informat			Add		Ren	nove	81 - 81		
	me, Mailing Address	& Phone		_	Title/Pro			d. Comme	nts	
	city, state, & zip)			NO 1	OB TIT	LE				
	RA CRUMB VERTON DRIVE			. 10	1. 1.30		100 700 13			
		RTH CAROLINA			EMPL		ecific Field	_		
27105	511 5215E111, 1101	CHI CHICEHIA		TOT EMETED				e. Election	Sum to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	: Y- 1	V:- A D	1-41		1.5.7		100.00	
1.11101			1, 10-1	Kind Desci	ripuon		j. Date (mm/dd/y		k. Amount	
	WIN2022	ACTBLUE					04/16/	2022	\$	100.00
									\$	
									\$	
3. Contr	ibutor Informati	on		Add		Ren	nove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job T	Citle/Prof			d. Commer	nts	
	city, state, & zip)			REAL	TOR					
	WATSON									
	ALIMAR DRIVE					ame/Spe	ecific Field			
27107	JN-SALEM, NOR	RTH CAROLINA		REAL	TOR			773 41	0	
2/10/									Sum to Date	
								\$	51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amount	
	WIN2022	ACTBLUE					04/17/2	2022	\$	51.00
									\$	
									\$	
3. Contri	butor Information	on		Add		Rem	ove			
	ne, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Commen	ts	
	city, state, & zip)			BENE	FITS S	PECIA	LIST			
	A CHISOLM	arro								
	VER RUN COUP						cific Field			
27127	N-SALEM, NOR	In CAROLINA		EMPC	WER I	NC.		a Flantina 6	Jum 4s Dads	
2.12,								e. Election S		
f. Prior	a Assaunt Code	h Form of Downson	. r. v	″ 170 · · ·	. ,,			\$	51.00	
I. Frior	g. Account Code	h. Form of Payment	I. In-K	and Descri	iption		j. Date (mm/dd/y		k. Amount	
	WIN2022	ACTBLUE					04/13/2	.022	\$	51.00
Ш									\$	
									\$	
	only this Pag				1 1			\$		202.00
5. Total	of ALL CRO	-1210 Pages								

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

7972.00

\$

Contributions from Other Political Committees

Pσ

1

of

Amendment
Yes

14		
	X	N

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

1. Committee Fu	2. ID Number							
	O ELECT TONYA McDANIE	Ĺ, 					1CQ93	2
3. Contributor In			Add		Remove			
a. Full Name, Mailing				f Committe		d. Co		
(include city, state, PAUL LOWE NO				Candidate	_			
P. O. BOX 20262			a Level D	Referend		-		
	E, NORTH CAROLINA		c. Level N	Registered (S		-		
27120				State	County: Municipality:	a Fla	ation Cum to De	-4-
				State		c. Ele	e. Election Sum to Date	
						\$	150.00	
f. Account Code	g. Form of Payment	h. In-Ki	ind Description	1	i. Date (mm/dd/yyy	y)	j. Amount	
WIN2022	CHECK				04/29/2022	2	\$ 150	.00
							\$	
							\$	
3. Contributor In			Add		Remove			
a. Full Name, Mailing			b. Type of	Committee		d. Con	nments	
(include city, state, & zip)				Candidate	PAC			
				Referendu				
			c. Level R	egistered (S				
			Federal State	County:	. Di	4. 6. 1.		
				State	Municipality:	e. Liec	tion Sum to Da	te
						\$		
f. Account Code	g. Form of Payment	b. In-Ki	nd Description		i. Date (mm/dd/yyyy)	j. Amount	
							\$	
							\$	
							\$	
3. Contributor Int			Add		Remove			
a. Full Name, Mailing			b. Type of	Committee		d. Com	ments	
(include city, state, &	x zip)		1	Candidate Referendur	PAC PAC			
			c. Level Re					
				Federal	County:			
				State	Municipality:	e. Elect	tion Sum to Dat	ie
						\$		
f. Account Code	g. Form of Payment	h. In-Kin	d Description		i. Date (mm/dd/yyyy)		j. Amount	
							\$	
							\$	
							\$	
4. Total only this P			The little of	\$	150.00			
5. Total of ALL Cl (This line must be on	RO-1230 Pages line 8 of Detailed Summary Page CRO				\$	150.00		

This.	l	
DIS	bursements	3

Amendment Yes

 \boxtimes

No

1. Committee I	Full Name (and Fun	d if applicable)		rive L				2. ID Number
	TO ELECT TONY	4 McDANIEL						1CQ932
3. Type of Dish		ase use separate (CRO-13	310 forms for	each t	vpe of Disburser	nent.)	
Operating I		Contributions to Ca	ındidates	Political Commit	tees	c	oordinate	d Party Expenditures
4. Payee Inform	nation		Add			Remove		
a. Full Name, Mail	ling Address & Phone		b. Co	ordinated Comm	ittee N	ame	d. Co.	mments
(include city, state,	, & zip)							
	& FARMERS BANK	ζ						
	Luther King Jr Dr		c. Lev	vel Registered (Sp	pecify)		7	
WINSTON-SA	LEM, NORTH CAR	ROLINA		Federal		County:		
27101				State		Municipality:	e. Ele	ction Sum to Date
							6 (7.00
							\$ 6	5.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. I	Date (mm/dd/yyy	y)	j. Amount	k. Rec	quired Remarks
WIN2022	DRAFT	0	0	1/31/2022		\$6.00	SER	VICE CHARGE
						\$		
4. Payee Inform	nation		Add		П	Remove		
a. Full Name, Mail	ing Address & Phone		b. Cor	ordinated Commi	ittee Na		d. Cor	mments
(include city, state,	& zip)							
MECHANICS	& FARMERS BANK	ζ.	1				1	
770 N Martin L	uther King Jr Dr		c. Lev	el Registered (Sp	ecify)		1	
WINSTON-SA	LEM, NORTH CAR	OLINA		Federal		County:	1	
27101				State		Municipality:	e. Elec	ction Sum to Date
						•		
	1						\$ 12	2.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. D	Oate (mm/dd/yyyy	y)	j. Amount	k. Req	uired Remarks
WIN2022	DRAFT	О	02	2/28/2022		\$6.00	SERV	VICE CHARGE
						\$		
4. Payee Inform	ation		A 4.4		F-1			
			Add	adia ata d Camari		Remove	1.0	
	ing Address & Phone		D. C00	ordinated Commi	ttee Na	me	d. Con	iments
(include city, state,	& zip) & FARMERS BANK	,	-					
	uther King Jr Dr	.		-1 D 1 (C	•• `		-	
	LEM, NORTH CAR	OT INTA	c. Leve	el Registered (Spe	ecity)		4	
27101	JEW, NORTH CAR	OLINA	片	Federal		County:		
2/101				State	Ц	Municipality:	e. Elect	tion Sum to Date
							\$ 18	8.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. D	ate (mm/dd/yyyy)	j. Amount	-	uired Remarks
WIN2022	DRAFT	0	03	3/31/2022		\$6.00	SERV	VICE CHARGE
						\$		
5. Total only thi	is Page						\$	
	CRO-1310 Pages						Ť	
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100	if Opera	ating Expenses)				10.00
	line 13b of Detailed Sumi						\$	18.00
(This line goes in l	line 13c of Detailed Sum	nary Page CRO-1100	if Coord	linated Party Exp	enditur	es)		
7. Purpose Code	es (List detailed exp	enditure code in (h.) abo	ve)				
A* - Media	B* - Printing	C* - Fund				D - To Anothe	r Candid	late
E - Salaries	F* - Equipment	G - Politica						Office Expenses
I - Postage O* - Other	J - Penalties	K* - Office	e Expen	ises		Q* - Donation	ı to Lega	al Expense Fund
	e detailed explanation	an in required re	marke	field (lr)				
Comes require		in required re	CA I INI	Aiciu (K)			-	Commence of the commence of th

Disbursements

Amendment Yes

 \boxtimes

No

	ull Name (and Fun				2. ID Number
	TO ELECT TONYA				1CQ932
3. Type of Disbu	rsement (Plea	ise use separate (CRO-1310 forms for each		
Operating Ex		Contributions to Ca	andidates/Political Committees		coordinated Party Expenditures
4. Payee Inform:			Add	Remove	
a. Full Name, Mailin (include city, state, &	-		b. Coordinated Committee N	ame	d. Comments
MECHANICS & DELUXE BUS S 770 N Martin Lu	FARMERS BANK SYS BUS PRODS		c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date \$ 126.00
f. Account Code	- F 6D	h. Purpose Code			
1. Account Code	g. Form of Payment	u. rurpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WIN2022	DRAFT	О	04/08/2022	\$108.00	CHECKS ORDERED
				\$	
4. Payee Informa	ation		Add	Remove	
a. Full Name, Mailin			b. Coordinated Committee N	ame	d. Comments
(include city, state, &	. сар)		c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	-
				\$	
4. Payee Informa	tion		Add	Remove	
a. Full Name, Mailing	g Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state, &	zzip)		c. Level Registered (Specify) Federal State	County: Municipality:	c. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WIN2022	DRAFT	0		\$	
				\$	
5. Total only this	Page				¢ 100.00
6. Total of ALL C					\$ 108.00
(This line goes in lin (This line goes in lin (This line goes in lin	ne 13a of Detailed Sum ne 13b of Detailed Sum ne 13c of Detailed Sum	nary Page CRO-1100 nary Page CRO-1100) if Operating Expenses)) if Contrib to Candidates/Politico) if Coordinated Party Expenditus		\$
	(List detailed exp				
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties detailed explanation		al Party e Expenses		er Candidate Public Office Expenses n to Legal Expense Fund

Dis	hn	rs	em	en	te
713	νu	יכוב	VIII	CH	13

 \boxtimes

No

1. Committee	Full Name (and Ful	nd if applicable)						2. ID Number	
	E TO ELECT TONY.		-					1CQ932	
3. Type of Dis Operating	Expenses Ple	ase use separate							
4. Payee Infor		Contributions to C			uttees		Coordinate	ed Party Expenditures	
	iling Address & Phone		Add	ordinated Com		Remove	1.0		
(include city, state			D. Co	ordinated Com	mittee P	Name	d. Co	omments	
	ONATE #617517760	0	-					-	
			c. Lev	vel Registered (Specify)				
			Г	Federal		County:			
				State	Ħ	Municipality:	e. Ele	ection Sum to Date	
						· · · · · · · · · · · · · · · · · · ·			
							\$ 7	7.51	
f. Account Code	g. Form of Payment	h. Purpose Code	i. I	Date (mm/dd/yy	ууу)	j. Amount	k. Re	quired Remarks	
WIN2022	DRAFT	0	0	1/05/2022		\$7.51	SER	VICE FEE	
						Ψ7.51			
						\$			
4. Payee Inform	mation		Add			Remove	1		
	iling Address & Phone			ordinated Com	mittee N		d. Co	mments	
include city, state							u. 00.	1111101110	
ACTBLUEDO	NATE #6175177600)	1						
			c. Lev	el Registered (S	Specify)				
				Federal		County:			
				State		Municipality:	e. Elec	ction Sum to Date	
							\$ 1	3.89	
. Account Code	g. Form of Payment	h. Purpose Code	i, D	Date (mm/dd/yy	vv)	j. Amount		quired Remarks	
WIN2022	DRAFT	0			337			VICE FEE	
WINZUZZ	DRAFI	0	03	3/03/2022		\$6.38	DET		
						\$			
. Payee Inform	mation		A 11				_1		
	nation ling Address & Phone		Add	rdinated Comn		Remove			
nclude city, state,	_		D. C00	ramatea Comn	attice iva	ame	d. Con	nments	
	NATE #6175177600		+						
	11112 110170177000		c. Leve	el Registered (S	necify)				
				Federal		County:	-		
				State	П	Municipality:	e. Elec	tion Sum to Date	
	T						\$ 25	5.84	
Account Code	g. Form of Payment	h. Purpose Code	i. Da	ate (mm/dd/yyy	yy)	j. Amount	_	uired Remarks	
WIN2022	DRAFT	O	04	/04/2022		\$11.95	SERV	/ICE FEE	
						\$			
. Total only th	is Page						\$	25.84	
	CRO-1310 Pages	VIII II II	T FIRE					20.01	
	line 13a of Detailed Sum						•		
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100) if Contri	ib to Candidates	s/Politica	al Comm)	\$		
	line 13c of Detailed Sum				penditui	res)			
Purpose Cod * - Media	es (List detailed exp B* - Printing			ve)					
- Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic				D - To Anoth			
- Postage	J - Penalties	K* - Offic		ses				Office Expenses al Expense Fund	
* - Other						V - Donath	u to reg	at Pyhense Laud	
Codes requir	e detailed explanation	on in required re	marks	field (k)			7 1 5		

D!=L===================================					Amendme	nt	
Disbursements	Ρσ	4	of	Q	Ye:		No
Use this form to report expenditures from the committee for an area in a	- 5	<u> </u>	OI.	<u>o</u>		, 🖂	140
I ISO INIS INTIN IN POPULE AVERAGINITED From the committee for an auction				4 * *	. / 44.1 -		

	un Name (and Fu				2. ID Number
	TO ELECT TONY		*** _# M		1CQ932
3. Type of Disb			CRO-1310 forms for ea		ement.)
Operating E			andidates/Political Committee	s	Coordinated Party Expenditures
4. Payee Inforn			Add [Remove	
	ing Address & Phone		b. Coordinated Committe	ee Name	d. Comments
(include city, state,	& zip)				
VANTIV eCON	MMERCE FUNDS	DISB			
			c. Level Registered (Spec	ify)	
			Federal	County:	
			⊠ State [Municipality:	e. Election Sum to Date
					\$ 14.28
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WIN2022	DRAFT	О	01/11/2022	#14.20	SERVICE FEE
W II 12022	DICH I	O .	01/11/2022	\$14.28	
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee	The state of the s	d. Comments
include city, state,					
	MERCE FUNDS I	DISB			
			c. Level Registered (Speci	ify)	
			Federal	County:	
			⊠ State	Municipality:	e. Election Sum to Date
				-	
					\$ 14.79
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WIN2022	DRAFT	0	02/09/2022	\$.50	SERVICE FEE
				\$	
. Payee Inform	ation		Add	Remove	The same and the s
. Full Name, Mailin	ıg Address & Phone		b. Coordinated Committee		d. Comments
nclude city, state, é	& zip)				
VANTIV eCOM	IMERCE FUNDS I	DISB			
			c. Level Registered (Specif	fy)	
			Federal	County:	7
			⊠ State	Municipality:	e. Election Sum to Date
					\$ 36.06
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WIN2022	DRAFT	0	04/11/2022	\$21.27	SERVICE FEE
				\$	
. Total only this	s Page				\$ 36.06
	CRO-1310 Pages	DELL ST			Ψ 30.00
		mary Page CRO-1100	if Operating Expenses)		
			if Contrib to Candidates/Pol	itical Comm)	\$
			if Coordinated Party Expend		
1					
Purpose Codes	s (List detailed exp	enditure code in (n.) above)		
Purpose Codes * - Media	B* - Printing	enditure code in () C* - Fundi		D - To Anoth	ner Candidate
Purpose Codes * - Media - Salaries	B* - Printing F* - Equipment	C* - Fundi G - Politica	raising al Party	D - To Anoth	
Purpose Codes * - Media	B* - Printing	C* - Fundi	raising al Party	H* - Holding	ner Candidate g Public Office Expenses on to Legal Expense Fund

D. 1						Amer	ıdment		
Disbursements	Pg	5	of	8			Yes	\boxtimes	N
Use this form to report expenditures from the committee form executing	~ 0			×	1:1-4	/- 114	1		

	Full Name (and Fun						2. ID Number
	TO ELECT TONY						1CQ932
3. Type of Disl		ise use separate (CRO-1310 forms for	r each t	type of Disburse	ment.)	
○ Operating		Contributions to Ca	andidates/Political Comm	ittees		Coordinate	d Party Expenditures
4. Payee Inform	mation		Add		Remove		2
a. Full Name, Mai	iling Address & Phone		b. Coordinated Com	mittee N	lame	d. Co	mments
(include city, state	e, & zip)						
TONYA McD.	ANIEL						
P. O. BOX 211	142		c. Level Registered (Specify)			
WINSTON-SA	ALEM, NORTH CAP	ROLINA	Federal		County:		
27120			⊠ State	\Box	Municipality:	e. Ele	ction Sum to Date
						\$ 9	50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	vyy)	j. Amount	k. Rec	quired Remarks
WIDIOOO	CITECAL			007			MBURSEMENT
WIN2022	CHECK	0	03/09/2022		\$950.00	10011	
					\$		
4. Payee Inform	nation		Add		Remove		
	ling Address & Phone		b. Coordinated Comp	mittee N		d. Cor	nments
(include city, state						u. cor	imency
TONYA McDa			1				
P. O. BOX 211			c. Level Registered (S	Specify)		-	
	LEM, NORTH CAR	OLINA	Federal	pecity)	Country	-	
27120	DEN, NORTH CH	OLIVA				. 171	2. G 4 D 4
27120			State		Municipality:	e. Elec	ction Sum to Date
						\$ 1	871.39
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	уу)	j. Amount	k. Req	uired Remarks
WIN2022	CHECK	О	04/05/2022		\$021.20	REIM	BURSEMENT
VV 11 VZ UZZ	CHECK	O	04/03/2022		\$921.39		
					\$		
					\$		
4. Payee Inform	nation		Add		Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Comm	nittee Na	ame	d. Con	nments
(include city, state,							
TONYA McDA							
P. O. BOX 211	42		c. Level Registered (S	pecify)			
WINSTON-SA	LEM, NORTH CAR	OLINA	Federal		County:	1	
27120			State		Municipality:	e. Elec	tion Sum to Date
						\$ 28	871.39
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy)	уу)	j. Amount	k. Rea	uired Remarks
WINIOOO		0					BURSEMENT
WIN2022	CHECK	O	04/12/2022		\$1000.00		
					\$		
5. Total only th	is Page					\$	2871.39
	CRO-1310 Pages					*	20/1.07
	line 13a of Detailed Sum	mary Page CRO-1100	0 if Operating Expenses)				
	line 13b of Detailed Sum				al Comm)	\$	
	line 13c of Detailed Sum						
	es (List detailed exp						
A* - Media	B* - Printing	C* - Fund			D - To Anoth	er Candia	date
E - Salaries	F* - Equipment	G - Politic					Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses				al Expense Fund
O* - Other	1 / 11 1						
* Codes requir	e detailed explanation	on in required re	marks field (k)				

D'-1				Ame	ndment
Disbursements	Pσ	6	of 8		Yes
	- 5		οι <u>σ</u>	{ L	I CS

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

	Full Name (and Ful	200 - 2			2. ID Number
	TO ELECT TONY.				1CQ932
3. Type of Disb		ase use separate (CRO-1310 forms for each	ch type of Disburse	ment.)
Operating I			andidates/Political Committee		Coordinated Party Expenditures
4. Payee Inform			Add [Remove	
	ling Address & Phone		b. Coordinated Committee	ee Name	d. Comments
(include city, state,	, & zip)		4		
OFFICE DEPO					
	REEK PARKWAY		c. Level Registered (Spec		
	LEM, NORTH CAI	KOLINA	Federal [County:	
27127			State	Municipality:	e. Election Sum to Date
					\$ 129.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WIN2022	CHECK	0	04/13/2022	\$120.46	OFFICE SUPPLIES
W1112022	CHECK	0	04/13/2022	\$129.46	
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committe	e Name	d. Comments
include city, state,					
ROGER EPPS,					
151 CAPRI CO			c. Level Registered (Speci	ify)	
	NORTH CAROLIN	Α	Federal	County:	
27295			State Municipality:		e. Election Sum to Date
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WIN2022	CHECK	0	04/14/2022	\$100.00	CAMPAIGN VIDEO
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee		d. Comments
include city, state,	-				u. Comments
USPS			4		
					I .
200 TOWN RU	N LANE NW		c. Level Registered (Specif	fv)	-
	N LANE NW LEM, NORTH CAR	OLINA	c. Level Registered (Specif	-	
WINSTON-SAI		OLINA	Federal	County:	e. Election Sum to Date
WINSTON-SAI		OLINA	Federal	-	e. Election Sum to Date
WINSTON-SAI			Federal	County:	e. Election Sum to Date \$ 127.90
200 TOWN RUI WINSTON-SAI 27101		OLINA h. Purpose Code	Federal	County:	\$ 127.90
WINSTON-SAI 27101	LEM, NORTH CAR		Federal State	County: Municipality:	
WINSTON-SAI 27101 Account Code	LEM, NORTH CAR	h. Purpose Code	Federal State i. Date (mm/dd/yyyy)	County: Municipality: j. Amount	\$ 127.90 k. Required Remarks
WINSTON-SAI 27101 Account Code WIN2022	LEM, NORTH CAR g. Form of Payment CHECK	h. Purpose Code	Federal State i. Date (mm/dd/yyyy)	County: Municipality: j. Amount \$127.90	\$ 127.90 k. Required Remarks POSTAGE/STAMPS
WINSTON-SAI 27101 Account Code WIN2022 Total only thi	g. Form of Payment CHECK	h. Purpose Code	Federal State i. Date (mm/dd/yyyy)	County: Municipality: j. Amount \$127.90	\$ 127.90 k. Required Remarks
WINSTON-SAI 27101 Account Code WIN2022 Total only this	g. Form of Payment CHECK s Page CRO-1310 Pages	h. Purpose Code	Federal State i. Date (mm/dd/yyyy) 04/19/2022	County: Municipality: j. Amount \$127.90	\$ 127.90 k. Required Remarks POSTAGE/STAMPS \$ 357.36
WINSTON-SAI 27101 Account Code WIN2022 Total only this Total of ALL (This line goes in I	g. Form of Payment CHECK s Page CRO-1310 Pages line 13a of Detailed Sum	h. Purpose Code O mary Page CRO-1100	i. Date (mm/dd/yyyy) 04/19/2022	County: Municipality: j. Amount \$127.90	\$ 127.90 k. Required Remarks POSTAGE/STAMPS
WINSTON-SAI 27101 Account Code WIN2022 Total only thi Total of ALL (This line goes in I	g. Form of Payment CHECK s Page CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum	h. Purpose Code O mary Page CRO-1100 mary Page CRO-1100	i. Date (mm/dd/yyyy) 04/19/2022 0 if Operating Expenses) 0 if Contrib to Candidates/Pol	County: Municipality: j. Amount \$127.90 \$	\$ 127.90 k. Required Remarks POSTAGE/STAMPS \$ 357.36
WINSTON-SAI 27101 Account Code WIN2022 Total only this. Total of ALL (This line goes in the Company of the Co	g. Form of Payment CHECK S Page CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum	h. Purpose Code O mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100	i. Date (mm/dd/yyyy) 04/19/2022 0 if Operating Expenses) 0 if Contrib to Candidates/Politic Coordinated Party Expense	County: Municipality: j. Amount \$127.90 \$	\$ 127.90 k. Required Remarks POSTAGE/STAMPS \$ 357.36
WINSTON-SAI 27101 Account Code WIN2022 Total only this. Total of ALL (This line goes in the Company of the Co	g. Form of Payment CHECK s Page CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum	h. Purpose Code O mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100	i. Date (mm/dd/yyyy) 04/19/2022 0 if Operating Expenses) 0 if Contrib to Candidates/Politic Condinated Party Expenses (h.) above)	County: Municipality: j. Amount \$127.90 \$ litical Comm) ditures)	\$ 127.90 k. Required Remarks POSTAGE/STAMPS \$ 357.36
WINSTON-SAI 27101 Account Code WIN2022 Total only this Total of ALL (This line goes in the (This line goes in th	g. Form of Payment CHECK S Page CRO-1310 Pages line 13a of Detailed Sum line 13c of Detailed Sum line 13c of Detailed Sum es (List detailed exp B* - Printing F* - Equipment	h. Purpose Code O mary Page CRO-1100 mary Page CRO-1100 enditure code in (C* - Fund G - Politica	i. Date (mm/dd/yyyy) 04/19/2022 0 if Operating Expenses) 0 if Contrib to Candidates/Politic Condinated Party Expenses (h.) above) raising al Party	County: Municipality: j. Amount \$127.90 \$ litical Comm) ditures)	\$ 127.90 k. Required Remarks POSTAGE/STAMPS \$ 357.36 \$ are Candidate
WINSTON-SAI 27101 Account Code WIN2022 Total only this Total of ALL (This line goes in the Code in t	g. Form of Payment CHECK S Page CRO-1310 Pages line 13a of Detailed Sum line 13c of Detailed Sum line 13c of Detailed Sum es (List detailed exp	h. Purpose Code O mary Page CRO-1100 mary Page CRO-1100 enditure code in (C* - Fund G - Politica	i. Date (mm/dd/yyyy) 04/19/2022 0 if Operating Expenses) 0 if Contrib to Candidates/Politic Condinated Party Expenses (h.) above)	County: Municipality: j. Amount \$127.90 \$ litical Comm) ditures) D - To Anoth H* - Holding	\$ 127.90 k. Required Remarks POSTAGE/STAMPS \$ 357.36

 \boxtimes

No

D!-L					Amendment		
Disbursements	Pø	7	of	8	Yes	\square	N
Use this form to report expanditures from the committee form	- 8	<u> -</u>		<u>~</u>	1.1		7.4

	full Name (and Ful						2. ID Number	
	TO ELECT TONY.						1CQ932	
3. Type of Disb	ursement (Ple	ase use separate (CRO-1310 forms forms	or each	type of Disburse	ement.)		
Operating I	<u> </u>		ındidates/Political Com	mittees		Coordinated	d Party Expenditures	
4. Payee Inform			Add		Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Con	nmittee l'	Name	d. Comments		
(include city, state,								
VAN'S ADVE								
2954 ELDER L			c. Level Registered	(Specify)				
BURLINGTON	I, NORTH CAROL	INA	Federal					
27215			State Municipality:			e. Election Sum to Date		
						\$ 5	00.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		k. Required Remarks			
WIN2022	CHECK	0	04/21/2022		\$500.00	ADVERTISING		
					4300.00			
					\$			
4. Payee Inform			Add		Remove			
	ng Address & Phone		b. Coordinated Con	mittee N	lame	d. Con	nments	
(include city, state, WINSTON-SA)			-					
3714 INDIANA		OT DIA	c. Level Registered	(Specify)				
	LEM, NORTH CAR	COLINA	Federal	닏	County:			
27105			State Municipality:		Municipality:	e. Election Sum to Date		
						\$ 60	09.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		k. Req	uired Remarks		
WIN2022	CHECK	0	04/22/2022 \$609.90		T SH	IRTS		
					\$			
4. Payee Inform	ation		Add		Remove	-		
	ng Address & Phone	- Kanil	b. Coordinated Com	mittee N		d. Com	ments	
include city, state,						u. com	iments	
RR CAMPAIGN								
			c. Level Registered (Specify)		-		
Federal County:								
			Municipality:	ty: e. Election Sum to Date				
							00.00	
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	vvv)	j. Amount	-	uired Remarks	
WIN2022	CHECK	0	04/25/2022	/	\$600.00	_	ERTISING	
		-	0 172372022		φυυυ.υυ			
					\$			
. Total only this		THE ALL DE				\$	1709.90	
	CRO-1310 Pages				- March			
	ine 13a of Detailed Sum					\$		
	ine 13b of Detailed Sum					"		
	ine 13c of Detailed Sum			xpenditu	res)			
	s (List detailed exp				1 1 1 1 1 1 1 1 1			
* - Media - Salaries	B* - Printing	C* - Fund			D - To Anoth			
)* - Other	o i chattics	A" - UIIIC	e Expenses		Q" - Donatio	on to Lega	il Expense Fund	
	detailed explanation	on in required re	marks field (k)					

TN+ 1					Amendment				
Disbursements	Pσ	8	of	8		Yes	X	No	
Use this form to report expanditures from the committee for expending and	~ 6	<u>~</u>	01	<u>u</u>				110	
like this torm to report evpenditures from the committee for executing over				11.1	. / 1*.*	1			

	ruli Name (and Fur						2. ID Number	
	TO ELECT TONY					7	1CQ932	
3. Type of Dish		ase use separate (type of Disburse	ement.)		
Operating l		Contributions to Ca		Committees		Coordinate	d Party Expenditures	
4. Payee Inform	nation		Add		Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinate	d Committee N	Vame	d. Co	mments	
(include city, state,								
LAMAR ADV								
105-A EAST J.	J DRIVE		c. Level Regis	tered (Specify)				
GREENSBOR	O, NORTH CAROL	INA	Federa	1	County:			
27406			State	一	Municipality:	e. Ele	ction Sum to Date	
						\$ 2	205.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mr	n/dd/vvvv)	j. Amount	k Re	quired Remarks	
					Jermann	ADVERTISING		
WIN2022	CHECK	О	04/26/20)22	\$205.00	אסיי	LKIBING	
						-		
					\$			
4. Payee Inform	nation		Add		Remove	_L		
	ing Address & Phone		7	d Committee N		120		
			o. Coordinate	G Committee N	ашс	a. Co	mments	
(include city, state,	& Zip)		4					
			c. Level Regist					
			Federa	, <u> </u>	County:			
			⊠ State		Municipality:	e. Ele	ction Sum to Date	
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mn	ı/dd/yyyy).	j. Amount	k. Rec	juired Remarks	
					•			
					\$			
					\$			
					Φ			
4. Payee Inform			Add Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated	l Committee Na	ame	d. Cor	nments	
(include city, state,	& zip)							
			c. Level Regist	ered (Specify)				
				County:				
			State Municipality:			e. Elec	tion Sum to Date	
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm	/dd/yyyy)	j. Amount	k. Rea	uired Remarks	
				,				
					\$			
					\$			
5. Total only thi	s Page			J		\$	205.00	
6. Total of ALL CRO-1310 Pages						Ψ	203.00	
	line 13a of Detailed Sum	mary Page CRO-1100) if Operating Ex.	nenses)				
		0 if Contrib to Candidates/Political Comm)			\$	5331.55		
	line 13c of Detailed Sum							
	es (List detailed exp			ey zarpenunu	100)			
A* - Media	B* - Printing	C* - Fund			D To Anat	han Candi	data	
E - Salaries	F* - Equipment	G - Politica						
I - Postage	J - Penalties						al Expense Fund	
O* - Other			•		Z - Donati	ou to Des	er Maponoe Funu	
* Codes require	detailed explanati	on in required re	marks field (k)				