	ral report and committee o update information						To the local state of the state
1. Committee Informa. Full Name	ation						A ITS TO YET
	ECT TONYA McDAN	EI					c. ID Number
							1CQ932
b. Mailing Address (include P. O. BOX 21142	e City, State and Zip Code)						d. Date Filed
_	NORTH CAROLINA 2	7120					
	2 CHOLINA 2	/120					07/07/2022
							e. Phone Number
2. Report Year 3.	P. C. C.	-6000	4 D	T 15			336-926-8945
2. Report 1 ear 3.	Period Start Date (mm/	dd/yy)	4. Period (mm/dd/yy		ate	5. Treasurer F	'ull Name
2022	05/01/2022		06/	/30/2022	2	SHERYL D. F	UNDERBURK
6. Type of Committee	(Check One)	Q Tw	pe of Repor			ļ	
Candidate Campaign	Party	Munici		((State/C	my one type of rep	ort from one category)
PAC Indopendent	Referendum		Organizationa	al		Organizational	Referendum
Independent Expenditure	Joint Fundraiser		Thirty-five da		1	Quarterly	Organizational
Legal Expense Fund		_		,		Quarterly	Pre-referendum
7. Type of Fund (if	applicable, check one)		Pre-primary			First	
"Booster Fund"			Pre-election		\boxtimes	Second	Final Supplemental Fig. 1
Building Fund			Pre-runoff			Third	Supplemental Final Annual
			Semi-annual			Fourth	Special
Other:		님	Mid Yea	1	8	Semi-annual	govanador
		님	Year End	1		Mid Year	10. Special Report Name
3. Number of Fundraise	ers this Report	\equiv	Final		닏	Year End	
	ors this recport	L	Special			inal	2.5
1. Account Informatio	n			11 1		pecial	
. Financial Institution Full N	ame					nformation tution Full Name	G - //
MECHANICS & FARM	ERS BANK			an A MAN	CIAI IUSUI	lution Full Name	
. Purpose	c. Account Code			b. Purpo	se		c. Account Code
CAMPAIGN INC CAMPAIGN EXP	WIN20)22					C. Account Code
	d. Period Begin Balance						d. Period Begin Balance
	\$ 3286.46						\$
ERTIFICATION							
complete, true and corre SHERYL D. FUI	ect and that I have been	nce with nmingled trained b	y the NC St	ate Boo	rd of #1	f Article 22A, 22B on-disclosed funds ections. Marchael	22D-22M of Chapter 163 of Unrther certify that this report
OR OFFICE USE ONLY					- Pponinge	1 1 Teasurer	Date
Date Received:		E	mployee:				Delivery Method
Date Postmarked:		Е	mployee:				Normal Mail Registered Mail
Date Scanned:		E	mployee:	_			Hand Delivered Electronically Filed Signer has not received
Date Data Entered:		E	mployee:				mandatory training
	cannot be used to amen custodian must amend the Stateme		LILOVIII WELLO	u, or acc	vuiii iii	DUINATION	ess, treasurer, assistant treasurer,

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

Amendment \boxtimes Yes No

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT TONYA McDANIEL	. Type of Rep	ort	3. ID Number
	SECOND QUA	ARTER	1CQ932
Start of Election Cycle: January 1,	2022	Total this	Total this
4) Cash on Hand at Start		Reporting Period	Election Cycle
RECEIPTS	C 1912 1	\$ 3286.46	\$ 3286.46
5) Aggregated Contributions from Individuals	(CRO-120	(5) \$ 45.00	
6) Contributions from Individuals			\$ 45.00
7) Contributions from Political Party Committees	(CRO-121		\$ 501.00
8) Contributions from Other Political Committees	(CRO-122)		\$ 0
9) Loan Proceeds	(CRO-1236		\$
	(CRO-1410	9 \$ 3600.00	\$ 3600.00
 10) Refunds/Reimbursements To the Committee 11) Other Receipt Sources 	(CRO-1240	\$	\$
11a) Interest on Bank Accounts			
	(CRO-1250)		\$
y detailed it our rot-for-Profit Organizations	(CRO-1250)	\$	\$
, and the one	(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, 11	d and 11e)	\$ 4146.00	\$ 4146.00
EXPENDITURES			φ 4140.00
3) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
5) Loan Repayments			\$
Refunds/Reimbursements From the Committee	(CRO-1420)	\$	\$
) In-Kind Contributions	(CRO-1320)	\$	\$
y sold toutlous	(CRO-1510)	\$	\$
Ada tines 13a, 13b, 13c, 14, 15, 16 a	and 17)	\$ 7032.02	\$ 7032.02
Cash on Hand at End (Add lines 4 and 12 together, then subtract liportional information	ine 18)	\$ 400.44	\$ 400.44
Non-Monetary Gifts Given to Other Committees			Bridge Resource
	(CRO-1330)	\$	
des from other campaigns)	(CRO-1430)	\$	
5 21 Garrons owed by the Committee	(CRO-1610)	\$	
Debts and Obligations owed To the Committee	(CRO-1620)	\$	
Account Transfers Within the Committee	(CRO-1720)	\$	
Administrative Support	(CRO-1710)	\$	\$
Forgiven Loans		\$	\$
48-Hour Notice Reports Sum	· -	\$	
Contributions to be Refunded	´ _		\$
O-1100 NC State Board of Elections	(CRO-1215)	S	\$

Aggregated Contributions from Individuals

Page

1

Amendment Yes \boxtimes

No

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

		ELECT TONYA	MEDANIEL			10000
C	ntributor Info	rmation				1CQ932
Am		b. Account				
7	Add	Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
┽	Remove	WIN2022	ACTBLUE			
1	Add				05/01/202	2 \$ 20.00
	Remove	WIN2022	VANTIV ECOMMERC		05/03/202	2 0 27.00
	Add				03/03/202	2 \$ 25.00
Ė	Remove	-				•
	Add					\$
	Remove	-				\$
	Add					Φ
	Remove					\$
	Add					Ψ
	Remove					\$
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	l only this P				· ·	
		RO-1205 Page			\$	45.00

1. 00	mmittae E. II NI	individual contribution	13 OVCI	and or com	tributi	ons und	er \$50 if form	CRO 120.	5 is not used	
1 00-		(and I appl	icable)						Number	W. State
COM	MITTEE TO ELI	ECT TONYA MCDAN	NIEL							
3. Cor	ntributor Inform	ation	N	1 411	-				ICC	932
a. Full I	Name, Mailing Addi	ess & Phone					nove			1 1 0
(inclu	ude city, state, & zip			b. Job 7				d. Cor	nments	
RENIT	TA THOMPKINS	LINVILLE		ATTO	JKNE	Y				
205 W	EST 3 ^{kD} STREE	Т		c Empl	Overte N	Name /C	ecific Field			
WINS:	TON-SALEM, N	ORTH CAROLINA			oyer 31	чаше/Бре	ecilic Field			
27101								o Flor	4. 6	
								c. Mec	tion Sum to D	ate
f. Prior	g. Account Cod	h. Form of Payment	1					\$	51.00)
	WIN2022	or a drawnent	i. In	-Kind Descri	ption		j. Date (mm/do	/уууу)	k. Am	ount
	W11N2U22	CHECK					05/04	1/2022	\$	5]
									- ·	J
									\$	
									\$	
	ributor Informa			Add		Remo	ove	J-23 (110)	Ψ	
. Full Na	ame, Mailing Addres	s & Phone		b. Job Tit	le/Prof			1.0		
AFCH4	le city, state, & zip) ANICS & FARM	EDG D 127						d. Com	nents	
70 N N	Martin Luther Kin	ERS BANK								
VINST	ON-SALEM NO	g Jr Dr RTH CAROLINA		c. Employ	er's Na	me/Speci	ific Field			
7101	or briblin, ive	KIH CARULINA								
								e. Electio	on Sum to Dat	P
								\$		
Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Descript	u.				300.00	
	WIN2022	DRAFT		ring Descript	1011		i. Date (mm/dd/y	ууу)	k. Amou	ınt
		Didd 1					06/14/2	2022	0	300.0
						1		5022	\$	
										300.
									\$	300.1
Contri	ibut. I C							5022	\$	300.
Contri	ibutor Informati	on		Add [Remov		3022		300.
Full Nam	ne, Mailing Address	on & Phone		b. Job Title	/Profes		re e		\$	
Full Nam (include o	ne, Mailing Address city, state, & zip)	on & Phone			/Profes	sion	re e	d. Comme	\$	
Full Nam (include (MES P	ne, Mailing Address city, state, & zip) PERRY	& Phone		b. Job Title NO JOB	/Profes TITLI	sion E LISTI	re ED		\$	
Full Nam (include d MES P 4 WES	ne, Mailing Address city, state, & zip) PERRY T BANNER AVI	& Phone		b. Job Title NO JOB c. Employer	/Profes: TITLI -'s Nam	sion E LISTI e/Specifi	re ED		\$	
Full Nam (include o MES P 4 WES (NSTO)	ne, Mailing Address city, state, & zip) PERRY	& Phone		b. Job Title NO JOB	/Profes: TITLI -'s Nam	sion E LISTI e/Specifi	re ED		\$	
Full Nam (include o MES P 4 WES [NSTO]	ne, Mailing Address city, state, & zip) PERRY T BANNER AVI	& Phone		b. Job Title NO JOB c. Employer	/Profes: TITLI -'s Nam	sion E LISTI e/Specifi	re ED	d. Comme	\$	
Full Nam (include of MES P 4 WES' INSTON	ne, Mailing Address city, state, & zip) PERRY T BANNER AVI N-SALEM, NOR	& Phone ENUE TH CAROLINA		b. Job Title NO JOB c. Employer	/Profes: TITLI -'s Nam	sion E LISTI e/Specifi	re ED	d. Comme	\$ \$ ents	
full Nam (include of MES P 4 WES (INSTO) 127	ne, Mailing Address city, state, & zip) PERRY T BANNER AVI N-SALEM, NOR	& Phone ENUE TH CAROLINA h. Form of Payment		b. Job Title NO JOB c. Employer	/Profes: TITLI ''s Nam PLOY	sion E LISTI e/Specific ED	ED	d. Comme	\$ sents	
Full Nam (include of MES P 4 WES' INSTO	ne, Mailing Address city, state, & zip) PERRY T BANNER AVI N-SALEM, NOR	& Phone ENUE TH CAROLINA		b. Job Title NO JOB c. Employer NOT EM	/Profes: TITLI ''s Nam PLOY	sion E LISTI e/Specific ED	e ED c Field Date (mm/dd/yy	d. Comme	\$ sents	
Full Nam (include of MES P 4 WES INSTO 127	ne, Mailing Address city, state, & zip) PERRY T BANNER AVI N-SALEM, NOR	& Phone ENUE TH CAROLINA h. Form of Payment		b. Job Title NO JOB c. Employer NOT EM	/Profes: TITLI ''s Nam PLOY	sion E LISTI e/Specific ED	ED	d. Comme	\$ sents	
Full Nam (include of MES P 4 WES' INSTO	ne, Mailing Address city, state, & zip) PERRY T BANNER AVI N-SALEM, NOR	& Phone ENUE TH CAROLINA h. Form of Payment		b. Job Title NO JOB c. Employer NOT EM	/Profes: TITLI ''s Nam PLOY	sion E LISTI e/Specific ED	e ED c Field Date (mm/dd/yy	d. Comme	\$ sents	
Full Nam (include of MES P 4 WES' INSTO) 127	ne, Mailing Address city, state, & zip) PERRY T BANNER AVI N-SALEM, NOR g. Account Code WIN2022	& Phone ENUE TH CAROLINA h. Form of Payment ACTBLUE		b. Job Title NO JOB c. Employer NOT EM	/Profes: TITLI ''s Nam PLOY	sion E LISTI e/Specific ED	e ED c Field Date (mm/dd/yy	d. Comme	\$ sum to Date k. Amount	
Full Nam (include of MES P 4 WES' INSTOIL 127	ne, Mailing Address city, state, & zip) PERRY T BANNER AVI N-SALEM, NOR g. Account Code WIN2022	& Phone ENUE TH CAROLINA h. Form of Payment ACTBLUE		b. Job Title NO JOB c. Employer NOT EM	/Profes: TITLI ''s Nam PLOY	sion E LISTI e/Specific ED	e ED c Field Date (mm/dd/yy	d. Comme	\$ sum to Date k. Amount \$	150.00
Full Nam (include of MES P 4 WES' INSTO) 127 Fior Total of Cotal	ne, Mailing Address city, state, & zip) PERRY T BANNER AVI N-SALEM, NOR g. Account Code WIN2022 Only this Page of ALL CRO-	& Phone ENUE TH CAROLINA h. Form of Payment ACTBLUE	i. In-Kir	b. Job Title NO JOB c. Employer NOT EM	/Profes: TITLI ''s Nam PLOY	sion E LISTI e/Specific ED	e ED c Field Date (mm/dd/yy	e. Election \$ (y)	\$ sum to Date k. Amount \$	

Amendment

April 2007

Contributions from Individuals

A loan proceeds statement must accompany 1. Committee Full Name (and Fund if ap	nlicahlo)	om un m	dividuai	A YD Y	
COMMITTEE TO ELECT TONYA MCD.	ANIEL			2. ID Nu	
					1CQ932
3. Lender Information	☐ Add				Remove
a. Full Name, Mailing Address & Phone	b. Job	Title/Prof	ession		d. Comments
(include city, state, & zip) TONYA McDANIEL					d. Comments
P. O. BOX 21142					
WINSTON-SALEM, NORTH CAROLINA					e. Start Date (mm/dd/yyyy)
27120	c. Emp	loyer's Na	me/Specific Field		
					05/13/2022
					f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	i. Account	Code	i P. en		
0 % NONE			j. Form of Pay	ment	k. Amount
	WIN202	22	CHECK		\$ 3600.00
. Full Name of Lending Institution				m I con	
				III. LOXI	Number
4 E-1. ms :					
Endorsers/Makers (The people who	guarantee the loan.)				
. Full Name, Mailing Address & Phone	b. Jol	Title/Pro	fession	c Emple	yer's Name/Specific Field
(include city, state, & zip)				c. Dinpi	yer s name/specific Field
	d. Per	centage		e. Amoui	nt
			%	\$	
Full Name, Mailing Address & Phone				Þ	
(include city, state, & zip)	b. Job	Title/Prof	ession	c. Employ	yer's Name/Specific Field
у,ру					
	d. Perc	entage		-	
		- Later		e. Amoun	
			%	\$	
Full Name, Mailing Address & Phone	b. Joh	Title/Profe	esion	+ n	
(include city, state, & zip)	3,000	rice/1 roje	221011	c. Employ	er's Name/Specific Field
	d. Perce	ntage		e. Amount	
			0/		
ull Nama Mailing 4 1 2 2 2			%	\$	
ull Name, Mailing Address & Phone nclude city, state, & zip)	b. Job T	itle/Profes	sion	c. Employe	r's Name/Specific Field
cuj, state, & Zip)				proje	
	d. Percer	itage		e. Amount	
			%	\$	
			/0	DN .	

Loan Proceeds

Amendment



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: Committee To Elect Tonya M. Person or committee to make loan: Tonya Mc Daviel Date of loan to committee: May 13, 2022	-
4 # Chahn	KI
Date of loan to committee: Marx 13, 2022	
Name of lending institution (source):	
Tonya Mc Daniel	
Amount of loan: 43,600.00	
Description (if in-kind loan): Campaign Loan	
Names of all parties responsible for payment of loan (guarantors):	5
U .	_
Period of loan: May 13, 2022 - Unexpired	_
Rate of interest of loan:	
Security pledged for loan:	_
(Person lending money to committee), acknowledge that all of the information	 nn
wided is complete, true, and accurate. I further understand I may not forgive a loat that an outstanding balance to any source.	an
1 1 1 2020	
hature of Lender Date Signed 7/1/2022	_
nature of Treasurer of Committee Date Signed	
1-6100 Loan Proceeds Statement	

					Ame	ndment		
Disbursements	Pg	1	of	<u>10</u>		Yes	\boxtimes	No
Use this form to report expenditures from the committee for operating ex	nencec	contribution	one to	candi	idate/poli	tical		

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)

	uii Name (and Fun					2. ID Number
	TO ELECT TONYA					1CQ932
3. Type of Dish	ursement (Plea	ise use separate (CRO	-1310 forms for each	type of Disbursem	ent.)
Operating I	Expenses	Contributions to Ca	ndida	tes/Political Committees	☐ Co	ordinated Party Expenditures
4. Payee Inform	nation		A	dd	Remove	
a. Full Name, Mail	ing Address & Phone		b.	Coordinated Committee N	Name	d. Comments
(include city, state,	0					
ACTBLUE DO						
			C.	Level Registered (Specify)		
d.				Federal	County:	
					Municipality:	e. Election Sum to Date
				State []	withincipanty.	c. Election Sum to Date
						\$ 72.51
	T	h Dumaga Cada	1		T	
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WIN2022	DRAFT	0		05/04/2022	\$46.67	ACT BLUE
	21111	<u> </u>			\$ 1010 <i>1</i>	
					\$	
					Ψ	
4. Payee Inform	nation		A	dd 🔲	Remove	
a. Full Name, Mail	ing Address & Phone		b.	Coordinated Committee N	Vame	d. Comments
(include city, state,	•					
ACTBLUE DO						
			c. l	Level Registered (Specify)		
			T-	Federal	County:	
					Municipality:	e. Election Sum to Date
			<u> </u>	State	Maincipanty.	e. Election Sum to Date
						\$ 75.06
f. Account Code	a Paum of Danis and	h. Purpose Code	4	! Date (/11/	1	1 0
I. Account Code	g. Form of Payment	u. I ui pose Coue	-	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WIN2022	DRAFT	0		06/03/2022	\$2.55	
			_			
					\$	
4. Payee Inform	nation		A		Remove	
a. Full Name, Mail	ing Address & Phone		b. (Coordinated Committee N	lame	d. Comments
(include city, state,	& zip)					
VANTIV eCO	MMERCE FUNDS I	DISB				
			c. l	Level Registered (Specify)		
			T	Federal	County:	
				State	Municipality:	e. Election Sum to Date
						\$ 97.57
f. Account Code	g. Form of Payment	h. Purpose Code	4	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
i. Account Code	g. Form of Layment	M T ut pose coue	-	i. Date (min/dwyyyy)	J. Amount	K. Acquired Acmarks
WIN2022	DRAFT	0		05/04/2022	\$61.52	
			-			
					\$	
						110.71
5. Total only th						\$ 110.74
the second secon	CRO-1310 Pages				Lu "Alella pe " but	
	line 13a of Detailed Sun		_			\$
	-		-	Contrib to Candidates/Politi	•	
				Coordinated Party Expendit	ures)	
7. Purpose Cod	es (List detailed ex	penditure code in	(h.)	above)		
A* - Media	B* - Printing	C* - Fun			D - To Anothe	
E - Salaries	F* - Equipment			_		Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce E	xpenses	Q* - Donation	n to Legal Expense Fund
O* - Other						
* Codes requir	e detailed explanat	ion in required r	ema	rks field (k)		

D	is	b	ur	se	m	e	n	ts
---	----	---	----	----	---	---	---	----

Amendment Yes

\boxtimes	N
	141

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		-			15,50	2. ID Number
	TO ELECT TONYA	A McDANIEL					1CQ932
3. Type of Disb	ursement (Plea	ise use separate C	RC	0-1310 forms for each	type of Disbursem	ent.)	
Operating E	xpenses	Contributions to Car	ndid	ates/Political Committees	☐ Co	ordinate	d Party Expenditures
4. Payee Inform	nation		A	\dd	Remove		
a. Full Name, Maili	ing Address & Phone		b	. Coordinated Committee N	ame	d. Co	mments
(include city, state,							
	& FARMERS BAN	K	1				
770 N Martin L	uther King Jr Dr		C.	Level Registered (Specify)		İ	
	LEM, NORTH CAF	ROLINA	Г	Federal	County:	1	
27101	,			State	Municipality:	e. Ele	ction Sum to Date
			F				
ľ						\$ 1	32.00
f. Account Code	g. Form of Payment	h. Purpose Code	-	i. Date (mm/dd/yyyy)	j. Amount	k Ro	quired Remarks
					J. Amount		VICE CHARGE
WIN2022	DRAFT	0		06/30/2022	\$6.00	BLK	VICE CHARGE
					\$		
4. Payee Inform	etion		Δ	dd	Remove	0.8	The state of the s
			1	Coordinated Committee N		d Co.	mments
	ng Address & Phone		0.	Coordinated Committee N	anic	u. Co	mments
(include city, state,	& zip) MMERCE FUNDS 1	DICD	+				
VANTIVECOI	VIIVIEKCE FUNDS I	JISB	-	Y 175 1 1 10 18 1			
			c.	Level Registered (Specify)			
			F	Federal	County:		
			Σ	State	Municipality:	e. Elec	ction Sum to Date
						\$ 1	02.85
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
WIN2022	DRAFT	0		06/09/2022	\$5.28	SER	VICE CHARGE
W 11 12 02 2	DKAIT	U		00/09/2022	\$3.28		
					\$		
					Φ		
4. Payee Inform	ation		A	dd	Remove	. 8	
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame	d. Cor	nments
(include city, state,	& zip)						
MECHANICS &	& FARMERS BANK	ζ					
			c.	Level Registered (Specify)			
				Federal	County:		
				State	Municipality:	e. Elec	tion Sum to Date
							40.00
						\$ 1-	42.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
WIDIOOO	DDAFT		\neg	0.6/10/0000	410.00		HIER'S CHECK
WIN2022	DRAFT	О		06/10/2022	\$10.00	FEE	
			\neg				
			- 1		\$		
5. Total only thi	s Page	A STATE OF THE		×7/20/11/15/20/20	THE RESERVE	\$	21.28
	CRO-1310 Pages					Ψ	21,20
The second secon	line 13a of Detailed Sum	mary Page CRO-1100) if (Operating Expenses)		V.	
			_	Contrib to Candidates/Politic	al Comm)	\$	
				Coordinated Party Expenditu			
	es (List detailed exp					100 500	
A* - Media	B* - Printing	C* - Fund			D - To Anothe	r Candi	date
E - Salaries	F* - Equipment						Office Expenses
I - Postage	J - Penalties	K* - Offic	e E	xpenses			gal Expense Fund
O* - Other		-					-
* Codes require	e detailed explanati	on in required re	ma	rks field (k)			

Disbursements

Amendment Yes

No

 \boxtimes

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
	TO ELECT TONYA				1CQ932
3. Type of Disb		ise use separate (CRO-1310 forms for each	type of Disburser	nent.)
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E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses		on to Legal Expense Fund
O* - Other	1 7 1 2 7				
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Disbursements	Þα	4	of 10
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Amen	dment		
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Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

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O* - Other					Z - Donation	. to De	ear Exhense Land
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Disbursements

Pg 5 of 10

Amendment

Yes

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 COMMITTEE TO ELECT TONYA McDANIEL 1CO932 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/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, & zip) CAPRICE CAESAR 1210 EAST 1ST STREET c. Level Registered (Specify) WINSTON-SALEM, NORTH CAROLINA Federal County: 27101 X State Municipality: e. Election Sum to Date 200.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks CAMPAIGN WORKER WIN2022 CHECK 0 05/06/2022 \$200.00 \$ 4. Pavee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) TAMMI D. PITTS 801 NORTH MLK JR. DRIVE c. Level Registered (Specify) WINSTON-SALEM, NORTH CAROLINA Federal County: 27101 \boxtimes State Municipality: e. Election Sum to Date 270.00 f. Account Code h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks CAMPAIGN WORKER WIN2022 **CHECK** 0 05/06/2022 \$270.00 \$ 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) BRIANNA MARTIN-McCULLEN 424 VINEYARD PARK ROAD c. Level Registered (Specify) WINSTON-SALEM, NORTH CAROLINA Federal County: 27104 X State Municipality: e. Election Sum to Date 70.00 f. Account Code h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks CAMPAIGN WORKER WIN2022 CHECK 0 05/11/2022 \$70.00 \$ 5. Total only this Page \$ 540.00 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) 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)

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No

Amendment **Disbursements** Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. \boxtimes Yes No

	ruii Name (and Fui				1,50,11 80	2. ID Number
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3. Type of Disl		ase use separate (CRO-1310 form	s for each	type of Disburse	ement.)
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A* - Media B* - Printing F* - Equipment

7. Purpose Codes (List detailed expenditure code in (h.) above) C* - Fundraising

(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)

D - To Another Candidate

E - Salaries I - Postage J - Penalties G - Political Party K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

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O* - Other

* Codes require detailed explanation in required remarks field (k) NC State Board of Elections

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committee and coordinated party expenditures. J. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT TONYA MetDANIEL 1. Copyright to Delect To NYA MetDANIEL 3. Type of Disbursement (Please use superate CRO-318 forms) for each type of Disbursement.) Sometime Propers Coordinated CROM-318 forms for each type of Disbursement.) A Payce Information Add Remove - Full Name, Mailing Address & Phone	Disbursen	ents			Pg	,	8 of	10	Amendment Yes No
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4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) SHERYL D. FUNDERBURK P. O. BOX 394 WINSTON-SALEM, NORTH CAROLINA 27102 C. Level Registered (Specify) WINSTON-SALEM, NORTH CAROLINA State Municipality: C. Election Sum to Date \$ 500.00 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks WIN2022 CHECK O 06/17/2022 S500.00 FULSUIVI 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/Political Comm) (This line goes in line 13c 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 Contrib to Candidates/	WIN2022	DRAFT	0		06/10/2022	•	500.00	1	0 1
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E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses									
Totaling I unit Office Expenses									

O* - Other

Disbursem	ante				Amendment
		e from the commit	ttee for; operating expe	Pg 9 of	10 Yes N
committees and	d coordinated party e	expenditures.	tee for; operating expen	nses, contributions to	o candidate/political
1. Committee !	Full Name (and Fu	nd if applicable)		- 48 - 31 - 1	2. ID Number
COMMITTEE	TO ELECT TONY	'A McDANIEL			1CQ932
3. Type of Dish	COLUMN TO SERVICE STATE OF THE	ease use separate (CRO-1310 forms for ed	ach type of Disburse	ement.)
Operating I	Expenses		andidates/Political Committe		Coordinated Party Expenditures
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Commit		d. Comments
(include city, state,					
DIANE BITTI					
	ALKERTOWN ROA		c. Level Registered (Spe		
	ALEM, NORTH CA	ROLINA	Federal	County:	
27101			State	Municipality:	e. Election Sum to Date
					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	2 D-4: (/44/		,
		u. rui pose coue	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
WIN2022	CHECK	0	05/02/2022	\$100.00	CAMPAIGN WORKER
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	ling Address & Phone		b. Coordinated Committ		d. Comments
(include city, state,	, & zip)				u. comment
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				\$	
1 David Inform	-41an				
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	ing Address & Phone		b. Coordinated Committee	ee Name	d. Comments
(include city, state, or DIANE BITTIN					
DHILL DILL	10	-	a I aval Dagistared (Spec	·:C.)	_
		-	c. Level Registered (Spec	County:	4
			State	Municipality:	e. Election Sum to Date
		†			e. Liection Sum to Date
					\$ 450.00
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				\$	
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			if Coordinated Party Expen	ıditures)	
A* - Media	es (List detailed ex				
E - Salaries	B* - Printing F* - Equipment	C* - Funda G - Politica		D - To Anoth	
I - Postage	J - Penalties	K* - Office			g Public Office Expenses on to Legal Expense Fund
O* - Other				Y Donais	m to negat Expense Fund
* Codes require	e detailed explanati	ion in required rea	marks field (k)		THE RESERVE OF THE PARTY OF THE

No

Disbursen	ients					Dα	10 of	Amendment 10 Yes	o N
		ditures	from the comr	nittee	for; operating exp	Pg enses,	10 of contributions to	10	7 17
committees and					, i			1	
1. Committee)				2. ID Number	
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3. Type of Disl		(Plea.			O-1310 forms for a dates/Political Committ				
4. Payee Infor			Contributions to	_	Add	tees		Coordinated Party Expenditures	
a. Full Name, Mai		Phone			Aug Coordinated Comm	ittee N	Remove	d. Comments	
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DIANE BITTI									
				c	. Level Registered (Sp	ecify)			
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WINSTON-SALEM, NORTH CAROLINA				X State		Municipality:	e. Election Sum to Date		
27101								\$ 950.00	
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a. Fuli Name, Mai	ling Address & F	hone		b	. Coordinated Comm	ittee N	ame	d. Comments	
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								\$ 1050.00	
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4. Payee Inform	mation			I	Add		Remove		Marine Marine
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E - Salaries	F* - Equ		G - Po					g Public Office Expenses	
I - Postage	J - Pena	ities	K* - 0	ffice I	Expenses		Q* - Donati	on to Legal Expense Fund	

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