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

mend	ment
7	Ves

 \boxtimes No

August 2008

1. Committee Info	rmation				
a. Full Name					and a start and a start of the start of the
COMMITTEE TO	ELECT TONYA McDAN	TEL.			c. ID Number
					1CQ932
P. O. BOX 21142	ude City, State and Zip Code)				d. Date Filed
		_			
WINSION-SALEN	4, NORTH CAROLINA 2	7120			10/31/2022
					e. Phone Number
2 D		1.7.			336-926-8945
2. Report Year	3. Period Start Date (mm/	(dd/yy) 4. Perio (mm/dd/	od End Date	5. Treasurer H	Full Name
2022	07/01/2022	1	0/22/2022	SHERYL D. F	UNDERBURK
6. Type of Committ	ee (Check One)	9. Type of Rep	art (chack o	mhi ana tu - C	
Candidate Campa	ign Party	Municipal	and the second s	only one type of rep	port from one category)
PAC PAC	Referendum	Press.		County	Referendum
Independent		Organizatio		Organizational	Organizational
Expenditure Legal Expense Fundation	Joint Fundraiser	Thirty-five	day	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)				
"Booster Fund"	(9 appricable, check one)	Pre-primary		First	Final
Building Fund		Pre-election Pre-runoff		Second	Supplemental Final
		Pre-runoff	\square	Third	
		Semi-annua		Fourth	
		Mid Y	ear	Semi-annual	Special
Other:		Year B			
		Final		Mid Year	10. Special Report Name
8. Number of Fundra	isors this Depart			Year End	3 2-7
The second of the second	isers this Report	Special		Final	김 김 유민이가 아파
	2			Special	2 65
11. Account Informa	tion				
a. Financial Institution Fu	ll Name		11. Account		
MECHANICS & FAI			a. Financial Inst	titution Full Name	- 1-0
b. Purpose					
CAMPAIGN INC	c. Account Code	and the second	b. Purpose		c. Account Code
	WIN2	022			
CAMPAIGN EXP	WINZ	022			
	d. Period Begin Balance		-		
	\$ 400.44				d. Period Begin Balance
CERTIFICATION					\$
	ittee on E. 11.1	1		1	
ha NC Community that the Comm	ittee or Fund is in complia	nce with all applic	able provisions of	of Article 22A 12B	% & 22D-22M of Chapter 163 of
ne NC General Statute	s and that no funds are con	nmingled with pro-	hibited or other r	ion-disclosed find	& 22D-22M of Chapter 163 of I further certify that this report
s complete, true and co	prrect and that I have been	trained by the NC	State Board of F	lactions (s. I further certify that this report
SHERYL D. I	UNDERBURK			Hur (alay)	
	Printed Name of Signer				10/31/2022
OR OFFICE USE ON	LY	2	Signature of Appointe	reasurer	Date
				V	
Date Received:		Employee:			Delivery Method
					Normal Mail
Date Postmarked:		Employee:			Registered Mail
		Employee.			Hand Delivered
Date Scanned:		171			
		Employee:			Electronically Filed
Date Data Entered:		Employee:			Signer has not received mandatory training
lease Note: This for	rm cannot he word to				
	and cannot be used to ame	a committee infor	mation such as the	he committee addr	ess, treasurer, assistant treasurer,
			ion, or account in	normanion	
Yo	ou must amend the Stateme	nt of Organization	(CDA 2100 A T	2) 4	
		and a signification	UCAU-2100A-E	to make committ	tee changes
RO-1000		NC State Board of I			er enteriges.

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information. 1. Committee Full Name (and Fund if applicable) 2. Type of Reg

Amendment \boxtimes Yes \boxtimes

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No

COMMITTEE TO ELECT TONYA McDANIEL	THIRD QUART		1CQ932
Start of Floation Crushes I. 1		Total this	Total this
Start of Election Cycle: January 1,		Reporting Period	
4) Cash on Hand at Start		\$ 400.44	\$ 400.44
<u>RECEIPTS</u>	West of the		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 200.00	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1250.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$ 250.00	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 250.00	\$
9) Loan Proceeds	(CRO-1410)	\$ 400.00	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ons <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c)	c, 11d and 11e)	\$ 2350.00	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2485.30	\$
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 2485.30	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr		\$ 265.14	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns	s) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support		\$	\$
26) Forgiven Loans		\$	\$
27) 48-Hour Notice Reports Sum		\$	\$
28) Contributions to be Refunded		\$	\$
	(CAU-1213)	42	Φ

CRO-1100

NC State Board of Elections

Aggregated Contributions from Individuals

1

Page

of 1 Amendment Yes 🔀

No

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

COI	ommittee Full MMITTEE TO	2. 1	2. ID Number			
						1CQ932
. C	ontributor Info				1	
Am		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
4	Add Remove		ACTBLUE		08/09/2022	\$ 10.00
-	Add				00/09/2022	\$ 10.00
4	Remove	WIN2022	ACTBLUE		09/08/2022	\$ 25.00
1	Add					φ 25.00
Ť	Remove	WIN2022	ACTBLUE		09/20/2022	\$ 25.00
1	Add					* 20100
1	Remove		ACTBLUE		09/27/2022	\$ 40.00
]	Add					
]	Remove	— WIN2022	ACTBLUE		09/29/2022	\$ 25.00
]	Add					
]	Remove	WIN2022	ACTBLUE		09/29/2022	\$ 50.00
]	Add	WIN2022				
]	Remove	- WIN2022	ACTBLUE		10/08/2022	\$ 25.00
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	tal only this				\$	200.00
Cot	tal of ALL C	RO-1205 Pag	zes			
			nary Page CRO-1100)		\$	200.00

Cont	tributions fro	om Individuals	;		Pg <u>1</u>	of 3	Amend	ment Yes 🕅 1
1 Con	is form to report in	dividual contribution	s over \$	50 or contributions u	nder \$50 if form	CRO 1205 i	s not used	
		e (and Fund if applie				2. ID N	lumber	
COMM	ATTEE TO ELEC	T TONYA MCDAN	IEL				1CQ93	32
	tributor Informat			Add 🗍 F	Remove	2000		
	ame, Mailing Address	s & Phone		b. Job Title/Professi		d. Comm	ents	
	le city, state, & zip)			NO JOB TITLE				
	ADDOD JABBAR							
	ERSVILLE, NC			c. Employer's Name				
27101	NO VILLE, NC			DONOR DIDN"	Γ REPORT			
						e. Electio	n Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	/уууу)	k. Amou	nt
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							\$	
3. Cont	ributor Informati		57	. 11			\$	
	me, Mailing Address				emove	TR. L. J.		
	e city, state, & zip)			b. Job Title/Professio NO JOB TITLE	n	d. Comme	ents	
	CREWS-LOWE			INO JOB IIILE				
	ROOKTON LN			c. Employer's Name/S	Specific Field			
	ON-SALEM, NOF	RTH CAROLINA		DONOR DIDN'T		-		
27106						e. Election	Sum to Date	
						\$	250.00	
. Prior	g. Account Code	h. Form of Payment	i. In-F	kind Description	j. Date (mm/dd/		k. Amour	4
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	ne, Mailing Address &			Add Re	move			
	city, state, & zip)			NO JOB TITLE		d. Commer	its	_
	/ID PEAY							
	NOVAN PL			c. Employer's Name/S	pecific Field	1		
7103	N-SALEM, NOR	I'H CAROLINA		NOT EMPLOYEI)			
/105						e. Election	Sum to Date	
						\$	200.00	
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RO-121				IC State Board of Floation	and the second second			

Cont Use thi	ributions fro	om Individuals dividual contribution	S over S	50 or contributions	Pg <u>2</u>	of	Amend	ment Yes 🔀
1. Com	mittee Full Name	e (and Fund if applie	cable)	50 of contributions (inder \$50 if form (is not used	
		CT TONYA McDAN	and the second sec			4. ID 1		-
	tributor Informat						1CQ93	
	ame, Mailing Address			Addb. Job Title/Profess	Remove			
	le city, state, & zip)			CONSULTANT		d. Com	nents	
ALGEN	NON CASH				L			
	T 4 th STREET			c. Employer's Name	Specific Field			
PH 105				WGC	-	_		
winsi 27101	ON-SALEM, NO	RTH CAROLINA				e. Electio	on Sum to Date	
27101						\$	100.00	
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							\$	
3. Contr	ributor Informati	on		Add 🗍 R			\$	1
	me, Mailing Address			b. Job Title/Professio	temove			
(include	city, state, & zip)			NOT JOB TITLE		d. Comm	ents	
	WOODBURY							
	NITA DRIVE			c. Employer's Name/	Specific Field			
WINST(ON-SALEM, NOR	CAROLINA		NONE REPORT		-		
27127						e. Election	n Sum to Date	
						\$	200.00	
. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/y			
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the second se	ibutor Information ne, Mailing Address &			0.0	emove			
	city, state, & zip)	rnone .		b. Job Title/Profession	-	d. Comme	nts	
	WOODS			Retired Profession CONSULTANT	nal			
O BOX				c. Employer's Name/S		-		
VINSTO	N=SALEM, NOR	TH CAROLINA		DELOITTE	pecific Fleid	-		
7284						e. Election	Sum to Date	
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Contraction in the second	only this Page	the second s				\$		400.00
	of ALL CRO-		315					
		etailed Summary Page Cl	RO-1100)			\$		
RO-1210)		N	C State Board of Electio				

NC	State	Board	of El	ections
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	nmittee Full Nam	ndividual contributione (and Fund if appl	icable)					
COMN		ECT TONYA McDA				2. ID	Number	
_	tributor Informa						1CQ93	32
	ame, Mailing Addres			Add 🗌	Remove			
	de city, state, & zip)			b. Job Title/Profe CEO	ession	d. Com	ments	
	A WILEY			CEO				
4124 S	TILLWATER DR	IVE		c. Employer's Nat	me/Specific Field			
WINST 27106	ON-SALEM, NO	ORTH CAROLINA		WC CONSUL	TING & COMM			
27100						e. Electi	on Sum to Date	
						\$		
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			_		10/1	1/2022	\$	100.0
							\$	
							\$	
	ributor Informati			Add	Remove		-	
Full Nai	me, Mailing Address	& Phone		b. Job Title/Profess	the second se	d. Comm	ente	- Parish
EMBI	city, state, & zip) A COVINGTON			PROGRAM DI	RECTOR	u comm		
	TRIA STREET							
	ON-SALEM, NOR	TH CAROLINIA		c. Employer's Nam				
7127	,			NEIGHBORHO BETTER	DODS FOR			
				NEIGHBORHC		e. Election	Sum to Date	
Prior					0005	\$	100.00	
	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/)	уууу)	k. Amount	
	WIN2022	ACTBLUE			10/13/	2022	\$	100.00
							\$	
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				4.1.1			\$	
Contril	butor Informatio	11		Add I D				
Full Nam	e, Mailing Address &				lemove			
Full Nam (include c	e, Mailing Address & city, state, & zip)			b. Job Title/Professio	a	d. Commer	its	
Full Nam (include c IANA H	e, Mailing Address & tity, state, & zip) HEILBRON				a	d. Commer	its	
Full Nam (include c HANA F 77 SHO	e, Mailing Address & hty, state, & zip) HEILBRON WELL CIRCLE	2 Phone		b. Job Title/Profession Retired Profession DIRECTOR c. Employer's Name/	on onal Specific Field	d. Commer	its	
Full Nam (include c HANA F 77 SHO AFFTO	e, Mailing Address & tity, state, & zip) HEILBRON	2 Phone		b. Job Title/Professio Retired Professio DIRECTOR c. Employer's Name/ THE CENTERS	on onal Specific Field FOR	d. Commer	nts	
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Full Nam (include c IANA F 77 SHO AFFTO 040	e, Mailing Address & ity, state, & zip) IEILBRON WELL CIRCLE WN, NORTH CA	2 Phone		b. Job Title/Professio Retired Professio DIRECTOR c. Employer's Name/ THE CENTERS	on onal Specific Field FOR			
Full Nam (include c IANA F 77 SHO AFFTO 040	e, Mailing Address & iity, state, & zip) IEILBRON WELL CIRCLE WN, NORTH CA WN, NORTH CA	Phone AROLINA b. Form of Payment		b. Job Title/Professic Retired Professic DIRECTOR c. Employer's Name/ THE CENTERS EXCEPTIONAL	on onal Specific Field FOR	e. Election S	Sum to Date 151.00	
Full Nam (include c IANA F 77 SHO AFFTO 040	e, Mailing Address & ity, state, & zip) IEILBRON WELL CIRCLE WN, NORTH CA	Phone AROLINA		b. Job Title/Professic Retired Professic DIRECTOR c. Employer's Name/ THE CENTERS EXCEPTIONAL CHILDREN	on onal Specific Field FOR	e. Election S S	Sum to Date	100.00
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Full Name include c IANA F 77 SHO AFFTO 040	e, Mailing Address & iity, state, & zip) IEILBRON WELL CIRCLE WN, NORTH CA WN, NORTH CA	Phone AROLINA b. Form of Payment		b. Job Title/Professic Retired Professic DIRECTOR c. Employer's Name/ THE CENTERS EXCEPTIONAL CHILDREN	on mal Specific Field FOR j. Date (mm/dd/yy	e. Election S S	Sum to Date 151.00 k. Amount \$ \$	100.00
Full Nam include c IANA F 77 SHO AFFTO 040	e, Mailing Address & ity, state, & zip) IEILBRON WELL CIRCLE WN, NORTH CA g. Account Code WIN2022	Phone ROLINA h. Form of Payment ACTBLUE		b. Job Title/Professic Retired Professic DIRECTOR c. Employer's Name/ THE CENTERS EXCEPTIONAL CHILDREN	on mal Specific Field FOR j. Date (mm/dd/yy	e. Election S S (yy) 022	Sum to Date 151.00 k. Amount \$	
Full Nam include c IANA F 77 SHO AFFTO 040	e, Mailing Address & iity, state, & zip) IEILBRON WELL CIRCLE WWN, NORTH CA g. Account Code WIN2022	Phone ROLINA h. Form of Payment ACTBLUE		b. Job Title/Professic Retired Professic DIRECTOR c. Employer's Name/ THE CENTERS EXCEPTIONAL CHILDREN	on mal Specific Field FOR j. Date (mm/dd/yy	e. Election S S	Sum to Date 151.00 k. Amount \$ \$	100.00

NC	State	Board	of El	ections
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Contributions from Political Party Committees

Use this form to report contributions from a political party

Pg	1	of	1
- 8	<u> </u>	01	

No

Amendment

Yes

 \Box

COMMITTE	Full Name (and Fun E TO ELLECT TONY	A McDANIEL			2.	ID Number
3. Contributo	r Informer (Sast				1CQ932
a. Full Name, Ma	iling Address & Phone		dd 🔲	Remove		
(include city, st	ate, & zin)				b. C	omments
1310 PLEAS	IC WOMEN OF FORS ANT STREET ALEM, NORTH CAR				c. El	ection Sum to Date
d to a set of					\$	250.00
d. Account Code WIN2022	e. Form of Payment	f. In-Kind Description		g. Date (mm/dd/y	yyy)	h. Amount
W11N2U22	CHECK				/2022	\$ 250.00
						\$
3. Contributor	Information					\$
Full Name, Maili	ng Address & Phone	Add Add		Remove		
(include city, stat	e, & zip)				b. Cor	nments
				(mm/dd/yyy		\$
						\$
Contributor In	formation	<u> </u>	400 S.			\$
Full Name, Mailing	Address & Phone	Add Add		emove		
include city, state,	& zip)				b. Comn	nents
				-	c. Electio	n Sum to Date
ccount Code	e. Form of Payment	f. In-Kind Description			\$	
				g. Date (mm/dd/yyyy)		h. Amount
						\$
						\$
	s Page					\$
fotal only thi	is I age					
'otal of ALL	CRO-1220 Pages			and the	\$ 2	50.00
otal of ALL	CRO-1220 Pages ine 7 of Detailed Summary	Page CRO-1100)				50.00 50.00

Contributions from Other Political Committees

<u>1</u> of

Amendment

No

1

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

COMMITTE	Full Name (and Fund if app E TO ELECT TONYA McDA	NIEL				2.1	D Number
		10000103.0					1CQ932
	r Information		Add		Remove		
a. Full Name, Ma	illing Address & Phone		b. Type	of Committe		110	
(include city, st	tate, & zip)			Candidat		a. Ca	mments
PAUL LOWE	NC SENATE		ī	Referend			
P. O. BOX 20				Registered (_	
WINSTON-S.	ALE, NORTH CAROLINA			Federal	The second se		
27120				State	County:		
				State	Municipalit	y: e. Ele	ction Sum to Date
f. Account Code	g. Form of Payment					\$	350.00
	g. For an of Fayment	h. In-Ki	ind Descriptio	0	i. Date (mm/dd/yy	yy)	j. Amount
WIN2022	CHECK						J. Andount
					10/17//20	22	\$ 200.00
							\$
C							\$
. Contributor	Information ing Address & Phone		Add		Remove		ly verte
(include city, sta	ing Address & Phone		b. Type of	Committee		d. Con	monto
EVEL VN TED			\square	Candidate	PAC PAC	u. Con	meats
1224 DEVICE	RY HOUSE DISTRICT 71			Referendur			
1224 KEYNOL	DS FOREST DR		c. Level Re	gistered (S	neeify)	-	
WINSTON-SA	LEM, NORTH CAROLINA			Federal	Present Control of Con	-	
27107				State	County:		
				State	Municipality:	e. Elect	ion Sum to Date
A						\$	50.00
Account Code	g. Form of Payment	h. In-Kin	d Description		i. Date (mm/dd/yyyy	<i>v</i>)	j. Amount
VIN2022	CHECK						J. Matount
					10/19/202	2	\$ 50.00
							¢
							\$
Contributor I	Dformation						\$
	g Address & Phone		Add		Remove		
include city, state			b. Type of C			d. Comn	ients
				Candidate	PAC		
				Referendum			
			c. Level Reg		cify)		
		-	H F	ederal	County:		
			L s	tate	Municipality:	e. Electio	n Sum to Date
						\$	to state
ccount Code	g. Form of Payment	h. In-Kind	Description		i. Date (mm/dd/yyyy)		Amount
					(. Amount
							\$
							\$
Cotal and a lite							\$
otal only this	Page RO-1230 Pages					\$ 2	50.00
us line must be on	line 8 of Detailed Summary Page C	RO-1100)				\$ 2	50.00
0-1230			NOR				

1. Committee Full Name (and Fund if applicab	loan that is from an in	di vidual	A 10 **		
COMMITTEE TO ELECT TONYA MCDANIEI	L		2. ID Nun	And the Lorest	
2 London L.C	15 - 3 <u>1</u>			1CQ932	
3. Lender Information	Add Add			Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Pro			d. Comments	
TONYA McDANIEL	CANDIDAT	E			
P. O. BOX 21142					
WINSTON-SALEM, NORTH CAROLINA	c. Employer's Na	ame/Specific Field		e. Start Date (mm/dd/yyyy)	
27120	CANDIDAT			08/19/2022	
				f. End Date (mm/dd/yyyy)	
Rate h. Security Pledged	i. Account Code	j. Form of Payn	nent	B. A	
0 % <u>NONE</u>	WIN2022		асці	k. Amount	
Full Name of Lending Institution	W1112022	CHECK		\$ 400.00	
			m. Loan	Number	
. Endorsers/Makers (The people who guaran	tee the loan.)				
Full Name, Mailing Address & Phone	b. Job Title/Pro	fession	c Emplo	yer's Name/Specific Field	
(include city, state, & zip)			C. Emplo	yer's wame/specific Field	
	d. Percentage				
			e. Amount		
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NC State Board of Elections

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Board of Elections

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1. Committee	e Full Name (and Fi	ind if analicable)				2 10 81
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NC State Board of Elections

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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 McDaniel
- Person or committee to make loan: TONYA McDANIEL
- Date of loan to committee: AUGUST 19, 2022
- Name of lending institution (source): TONYA McDANIEL
- Amount of loan: \$400.00
- Description (if in-kind loan): LOAN FOR CAMPAIGN EXPENSES
- Names of all parties responsible for payment of loan (guarantors): TONYA McDANIEL
- Period of loan: AUGUST 19, 2022 UNEXPIRED
- Rate of interest of loan: 0%
- Security pledged for loan: NONE

TONYA McDANIEL (Person lending money to committee)

CRO-6100

_____, acknowledge that all of the information

provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Signature of Lender Date Signed Signature of Treasurer of Committee **Date Signed**

Loan Proceeds Statement