Disclosure Re	enort Cover				Amendment			
Use this form for ge	Yes No							
Do not use this form	to update information	,	o bigirou una sab	mined along with c	and detailed forms.			
1. Committee Info	rmation		THE RELATIONS					
a. Full Name	c. ID Number							
Committee to Re-Elect Dave Plyler, Commissioner  DCQ132								
b. Mailing Address (include City, State and Zip Code)  d. Date Filed								
116-C South Cherry Street Kernersville, NC 27284								
Remersyme, NC 2	e. Phone Number							
					336-996-4700			
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Ful	l Name			
2020	10-17-2020	12-3	31-2020	Raymond D. Tho	omas			
6. Type of Commit		9. Type of Report	t (check on	ly one type of repor	t from one category)			
Candidate Camp		Municipal	State/C		Referendum			
PAC Independent	Referendum	Organizationa		Organizational	Organizational			
Expenditure	Joint Fundraiser	Thirty-five da	iy (	Quarterly	Pre-referendum			
Legal Expense F 7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final			
"Booster Fund"	(8 approved once oncy	Pre-election	H	Second	Supplemental Final			
Building Fund		Pre-runoff		Third	Annual			
		Semi-annual		Fourth	Special Special			
Other:		Mid Year End	II —	Semi-annual Mid Year	10 Castal Day and Name			
Curer.		Final	"	Year End	10. Special Report Name			
8. Number of Fund	raisers this Report	Special	Final					
				Special				
11. Account Inform			11. Account I		2			
a. Financial Institution			a. Financial Insti	3 9				
First National Bank b. Purpose	c. Account Code		b. Purpose					
o. a di pose	7.1300411 0040		b. Ful pose		c. Account Code			
F <sub>ac</sub>	A				Gibbons - Colores			
,	d. Period Begin Balance				d. Period Begin Balance			
-	\$ 15,951.97				S			
CERTIFICATION					D) 22			
I certify that the Con	I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report							
is complete, true and	correct and that I have been	trained by the NCS	State Board of E	lections.				
Raymond D	Printed Name of Signer		/ayranks	J. Mones -	1-27-2022			
FOR OFFICE USE O			ignature of Appointe	ed Treasurer	Date			
Date Received:		Employee:			Delivery Method  Normal Mail			
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered			
Date Scanned:	(	Employee:			Electronically Filed Signer has not received			
Date Data Enter	ed:	Employee:			mandatory training			
Please Note: Thi	s form cannot be used to am custodia	end committee infor n of books informat	mation such as t	the committee addre	ess, treasurer, assistant treasurer,			
	You must amend the Staten	nent of Organization	(CRO-21004-F	E) to make committe	ee changes			

Amendment

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

Amendment No Yes

	mmittee Full Name (and F mittee to Re-Elect Dave Plyl		2. Type of Report Fourth Report	100		<b>3. ID N</b> DCQ13:	
Star	t of Election Cycle:	January 1,			Total this Reporting Period		Total this Election Cycle
4)	Cash on Hand at Start			\$	15,957.97	\$	1,636.14
RE(	CEIPTS				<b>建筑是外</b> 证是		
5)	Aggregated Contributions		(CRO-1205)	\$	50.00	\$	280.00
6)	Contributions from Indivi	MB-Tre and distributed systems are a special of a simple distributed distributed by the state of the contributed	(CRO-1210)	\$	1,850.00	\$	20,980.00
7)	Contributions from Politic	al Party Committees	(CRO-1220)	\$		\$	300.00
8)	Contributions from Other	Political Committees	(CRO-1230)	\$		\$	
9)	Loan Proceeds		(CRO-1410)	\$	550.00	\$	550.00
0)	Refunds/Reimbursements	To the Committee	(CRO-1240)	\$		\$	
	Other Receipt Sources					TOP PAG	
	la) Interest on Bank Acco		(CRO-1250)	\$		\$	
		ot-for-Profit Organizati		\$		\$	
	1c) Outside Sources of In		(CRO-1250)	\$		\$	
- 1)	ld) Legal Expense Fund -	- Other Sources	(CRO-1270)	\$		\$	
11	e) Exempt Purchase Pric	ce Sales	(CRO-1265)	\$		\$	
	TOTAL RECEIPTS (Add li	nes 5, 6, 7, 8, 9, 10, 11a, 11b, 11	lc, 11d and 11e)	\$	2,450.00	\$	22,110.00
	ENDITURES						
	Disbursements		(CBO 1210)	e.	10 250 27		22 702 44
	Ba) Operating Expenditure		(CRO-1310)	\$	18,358.27	\$	23,702.44
	· =	didates/Political Commi		\$		\$	
	3c) Coordinated Party Ex	•	(CRO-1310)	\$		\$	
	Aggregated Non-Media Ex	penditures	(CRO-1315)	\$		\$	
	Loan Repayments		(CRO-1420)	\$		\$	
6)	Refunds/Reimbursements	From the Committee	(CRO-1320)	\$		\$	
7)	In-Kind Contributions		(CRO-1510)	\$		\$	
_	TOTAL EXPENDITURES			\$	18,358.27	\$	23,702.44
	Cash on Hand at End (Add a		otract line 18)	\$	43.70	\$	43.70
	Non-Monetary Gifts Given		(CRO-1330)	\$		2133	
-	Outstanding Loans (incl. o			\$			11. 32 20 Mari
	Debts and Obligations owe		(CRO-1610)	\$			
-	Debts and Obligations owe		(CRO-1620)	\$			
	Account Transfers Within		(CRO-1720)	\$		200	
	Administrative Support		(CRO-1710)	\$		\$	<b>の</b> 第
•	Forgiven Loans	Andrea	(CRO-1440)	\$		\$	
	48-Hour Notice Reports Su	ım	(CRO-2200)	\$		\$	
-	Contributions to be Refund		(CRO-1215)			_	
RO-		NC State Board of Ele		\$		\$	August 200

## Aggregated Contributions from Individuals

Page

-s 1 D V

Amendment

Yes

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

	nmittee Full N	2.	2. ID Number						
Comr	nittee to Re-Ele	ct Dave Plyler	, Commissioner			DCQ132			
3. Cor	3. Contributor Information								
a. Ame		e. Date (mm/dd/yyyy)	f. Amount						
	Add	A	check		10-31-2020	\$ 50.00			
	Remove				10 31 2020	Ψ 30.00			
	Add					\$			
Ц.	Remove								
<u> </u>	Add					\$			
<u> </u>	Remove								
屵	Add	-				\$			
$\mathbb{H}^{-}$	Remove								
<u> </u>	Add					\$			
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H	Remove	-				\$20 BOA			
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Ц	Remove								
	al only this	\$	50.00						
	tal of ALL C		ages mmary Page CRO-1100)		\$	50.00			
(	00 077 1878		7 - 480 0210 2100)						

		n Individuals		Pg	_1 of	2	Ye		
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO									
1. Committee Full Name (and Fund if applicable)						2. ID Number			
Committe	ee to Re-Elect Day	ve Plyler, Commission	ner				DCQ132		
	3. Contributor Information								
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	S		
David L.	city, state, & zip)								
	cham Lane			c. Employer's Name/Spe	ecific Field	-			
	Salem, NC 27106								
						e. Election St	um to Date		
						\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amoun	t	
	A	check			10-18-2	020	\$	250.00	
							\$		
- 🗆							\$		
3. Contri	butor Informatio	n die de la constant		Add Rem	nove		IN COLUMN		
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	8	S-71	
	city, state, & zip)			attorney		on on	F3 C	20	
George M		202					50		
	kstown Ave., Suite Salem, NC 27101	e 303		c. Employer's Name/Spe		N			
VV 1115tO11-	Saiciii, 14C 27 101				e. Election Sum to Date				
					\$ 173	250.00	County County		
470			1			(Gargar)		action of second	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy		k. Amoun		
<u> </u>	A	check	-		10-22-20	020	\$	250.00	
							\$		
							\$		
CONTRACTOR OF THE PARTY	butor Informatio			Add Rem	iove		To the same		
	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comments			
	city, state, & zip) Vhitaker, Jr.								
	n Place Court			c. Employer's Name/Spe	cific Field				
	Salem, NC 271027	7106							
						e. Election Su	m to Date		
						\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	A	check			10-22-20	020	\$	500.00	
							\$		
							\$		
4. Total only this Page \$						1,000.00			
5. Total	of ALL CRO-	-1210 Pages				¢		1 050 00	
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100			\$		1,850.00	

Amendment

•	4						Amendme	nt.
Contr	ributions fro	m Individuals		F	Pg 2 of	2	Yes	
Use this	form to report ind	ividual contributions	over \$5				ot used	
1. Com	nittee Full Name	(and Fund if applica	ble)			2. ID Nur	nber	
Committ	tee to Re-Elect Da	ve Plyler, Commissio	ner				DCQ132	
3. Contr	ributor Informati	on		Add R	emove	TORNEY.		
	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commen	ts	
	e city, state, & zip)							
	T. Wilson, III th Main Street, Su	i+- 1200		c. Employer's Name/	Carata Field			
	-Salem, NC 27101			c. Employer s Name/	Specific Fleid			
l '' instell	5410111, 110 27 10 I	•				e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	A	check			10-26-2	:020	\$	100.00
							\$	
							\$ 13	S-
3. Contr	ibutor Informati	on		Add R	emove			担另
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comment	-	$\circ$
	city, state, & zip)					0		
W. Rand	•					7 7 2		
	th Avalon Road -Salem, NC 27104			c. Employer's Name/S				
W IIIStoll-	-Salcin, NC 27104	•				e. Election S	and I'V	there and
						\$	ග	5,0
						1	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	A	check			10-30-2	020	\$	250.00
							\$	
							\$	
	ibutor Informatio			Add Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comments	s	
	city, state, & zip)			attorney				
Stephen I	K. Berlin Lake Court			c. Employer's Name/S	Secrito Dield			
	Salem, NC 27106			c. Employer's Name/S	specific Field			
						e. Election St	um to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	A	check			10-20-20	,	\$	500.00
							\$	
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

1,850.00

850.00

\$

\$

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

	full Name (and Fun			PARTITION OF		2. ID Number	
Committee to F	DCQ132						
3. Type of Dish		ise use separate (	CRO-1310 forms	for each i			
Operating I	Expenses	Contributions to Ca	ndidates/Political Co	ommittees		Coordinated Party Expenditures	
4. Payee Inform	nation		Add		Remove		
a. Full Name, Mail	b. Coordinated (	Committee N	ame	d. Comments			
(include city, state,	& zip)						
Capture Public							
Marketing, Inc.			c. Level Register	ed (Specify)			
P. O. Box 2060			Federal		County:		
Winston-Salem			State		Municipality:	e. Election Sum to Date	
William Guleni	, 140 27 120		- State		iviamorpanty.	C. Liceton Sun to Date	
						\$ 23357.44	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/d	Id/www)	j. Amount	k. Required Remarks	
i. Account Code	g. I of all of I ayment		i. Date (min/c	14, 3 3 3 3 3	J. Amount	MEDIA, MAIL AND	
A	check	A,B,I	11-29-2020	0	\$17,000.00	SIGNS	
Α.	ahaalr	A D I	10 14 000	n	<b>#1 250 27</b>	MEDIAL, MAIL,	
$\mathbf{A}_{-}$	check	A,B,I	12-14-2020	J	\$1,358.27	CICNIC	
1 D 7 0	W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		11			SIGNS	
4. Payee Inform			Add		Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated (	Committee N	ame	d. Comments	
(include city, state,	& zip)						
			c. Level Registered (Specify)				
			Federal	$\boxtimes$	County:	<b>8 9</b>	
			State	一	Municipality:	e. Election Sum to Date	
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						\$ 2 2	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/d	d/www)	j. Amount	k. Required Remarks	
ii recount code	g. Form of Fayment	and an post cour	i. Date (iiiii/u	шууууу	J. Amount	entro	
					\$		
						1, 3	
					\$	G 2 2 2	
7 D. T.C.			A 11		D	No.	
4. Payee Inform			Add	30 10 10	Remove		
	ing Address & Phone		b. Coordinated C	ommittee N	ame	d. Comments	
(include city, state,	& zip)						
			c. Level Register	ed (Specify)			
			Federal	$\boxtimes$	County:		
	•		State		Municipality:	e. Election Sum to Date	
						•	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/d	d/yyyy)	j. Amount	k. Required Remarks	
					\$		
					\$		
5. Total only th	is Page	Average Contraction				\$ 18,,358.27	
	CRO-1310 Pages					Ψ 10,5000.21	
		mary Page CRO 110	A if Angratina Funa	neae)	disposition made		
	(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)  \$ 23,702.44						
	line 13c of Detailed Sum						
				uy Expenattu	res)		
	es (List detailed ex			W. PER			
A* - Media	B* - Printing	C* - Fund				her 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							
<ul><li>I - Postage</li><li>O* - Other</li></ul>	J - renames	K" - Offic	e expenses		Q" - Donati	on to Legal Expense Fund	
	e detailed explanati	on in required re	emarks field (k)	Carlo de la la		THE STATE OF THE STATE OF	

**Loan Proceeds** 

of

Amendment Yes

No

Loan Proceeds

Pg

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

	ame (and Fund if applicat		2.	2. ID Number			
Committee to Re-Ele	ect Dave Plyler, Commission	DCQ132					
3. Lender Informati	on	Add		Remove			
a. Full Name, Mailing Ad		b. Job Title/Prof	fession	d. Comments			
(include city, state, & z	ip)	Retired					
David R. Plyler							
		70 1. 1. 57	/C . 10° TO' 1.1	e. Start Date (mm/dd/yyyy)			
		Radio Annou	ame/Specific Field ncer	11-30-2020			
				f. End Date (mm/dd/yyyy)			
				11-30-2020			
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payme	nt k. Amount			
0 %	none	A	check	\$ 550.00			
l. Full Name of Lending I	nstitution		_	m. Loan Number			
	NOTITION IN THE PROPERTY OF TH			In Down Hamber			
4. Endorsers/Makers	S (The people who guar	rantee the loan.)		~ m			
a. Full Name, Mailing Ad	dress & Phone	b. Job Title/Pi	rofession	c. Employer's Name/Specific Field			
(include city, state, & z	ip)						
				2 7			
		d. Percentage		e. Amount			
		u, i ci centage					
			%	\$ 0 3 5			
a. Full Name, Mailing Ad	dress & Phone	b. Job Title/Pr	rofession	c. Employer's Name/Specific Field			
(include city, state, & zi							
		1.0		<del> </del>			
		d. Percentage		e. Amount			
			%	\$			
a. Full Name, Mailing Ad		b. Job Title/Pr	rofession	c. Employer's Name/Specific Field			
(include city, state, & zi	(p)						
		d. Percentage		e. Amount			
			0.4				
			%	\$			
a. Full Name, Mailing Ad	dress & Phone	b. Job Title/Pr	ofession	c. Employer's Name/Specific Field			
(include city, state, & zi	ip)						
-							
		d. Percentage		e. Amount			
		v or containing o					
			%	\$			
5. Total of ALL C	CRO-1410 Pages			2-1			
	ne 9 of Detailed Summary Page Cl	RO-1100)		\$ 550.00			
(2100 0000 00000 00 010 000	er of Denamed Summing 1 age of	10 1100)					