Disclosure Report	Cover		Amendment		
Use this form for general report and committee information, must be signed and submitted along with other detailed. Yes Do not use this form to update information.					
Do not use this form to updat	e information.	n, must be signed and submitted	along with other detailed form		
1. Committee Information					
a. Full Name		A CONTRACT MENT OF THE STATE OF	Section 1997		
Ke-Flort Long	11/2012 (- M	1-00-	c. ID Number		
b. Mailing Address (include City, S	9 CIEWS TO IT	berman	13COHDH		
513 N. Mains	state and ZIP Code)		d. Date Filed		
313 1911 1811	11/1 272011		7000		
Kernersville	10001007		1-22-2022		
			e. Phone Number		
2. Report Year 3. Period Sto	The same of the sa		336-778-6451		
2021 10-18	Date (mm/dd/yy) 4. Perioc	End Date (mm/dd/yy) 5. Treas	urer Full Name		
	$(A \cup I \cap I) = I \cap I \cap I$	1 1 - 1			
6. Pype of Committee (Check	One) 9. Type of Re	eport (check only one type of re	burchell Comptor		
Candidate Campaign P	arty Municipal	State/County	port from one category)		
I PAC	eferendum Organization	otato County	Referendum		
Independent Expenditure Jo	int Fundraiser	Organizational	Organizational		
Legal Expense Fund	Pre-primary	Quarterly First	Pre-referendum		
7 T	Don along	Second	L Final		
7. Type of Fund (if applicable Booster Fund	e, check one) Pre-runoff	Third	Supplemental Final		
Building Fund	Semi-annual	Fourth	Annual		
Dunding Pullu	Mid Ye	ar Semi-annual	Special		
Other:	Year En		70.83		
8. Number of Fundraisers this	Final	Year End	10. Special Report Name		
Tundraisers this	Report Special	Final	N		
11 4 17 5		Special	1		
11. Account Information	引起。2023年1月日初刊 第12日				
a. Financial Institution Full Name	3年,2008年19月10年9月2日	11. Account Information			
a. Financial Institution Full Name	3 (AC ET A E A GARDING READ)				
a. Financial Institution Full Name	c. Account Coile	11. Account Information a. Financial Institution Full Name			
a. Financial Institution Full Name	c. Account Code	11. Account Information	c Account Code		
a. Financial Institution Full Name	c. Account Code 30525 77909	11. Account Information a. Financial Institution Full Name	CAccount Code		
a. Financial Institution Full Name	3052577909	11. Account Information a. Financial Institution Full Name	c Account Code		
a. Financial Institution Full Name	30525 77909 d. Period Begin Balance	11. Account Information a. Financial Institution Full Name	d. Period Begin Balance		
a. Financial Institution Full Name Dels Targo b. Purpose Comparison	3052577909	11. Account Information a. Financial Institution Full Name	d. Period Begin Balance		
a. Financial Institution Full Name b. Purpose CERTIFICATION	3052577909 d. Period Begin Balance \$ 500 100	11. Account Information a. Financial Institution Full Name b. Purpose	d. Period Begin Balance		
a. Financial Institution Full Name De Source De Purpose CERTIFICATION I certify that the Committee or Fun	3052577909 d. Period Begin Balance \$ 500 100	11. Account Information a. Financial Institution Full Name b. Purpose	d. Period Begin Balance		
ERTIFICATION I certify that the Committee or Fun of the NC General Statutes and the	d. Period Begin Balance \$ 500 100 d is in compliance with all applied	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A 22B	d. Period Begin Balance		
ERTIFICATION I certify that the Committee or Fun of the NC General Statutes and the	d. Period Begin Balance \$ 500 100 d is in compliance with all applied	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A 22B	d. Period Begin Balance		
CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct	d. Period Begin Balance \$ 50000 d is in compliance with all applied to funds are commingled with and that I have been trained by	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A 22B	d. Period Begin Balance		
CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct	d. Period Begin Balance \$ 500000 d is in compliance with all applied to funds are commingled with and that I have been trained by the second of the second	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22I prohibited or other non-disclosed full he NC State Board of Elections.	d. Period Begin Balance		
CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct Printed Name of Signer	d. Period Begin Balance \$ 500000 d is in compliance with all applied to funds are commingled with and that I have been trained by the second of the second	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22I prohibited or other non-disclosed full he NC State Board of Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this		
CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct Printed Name of Signer OR OFFICE USE ONLY	d. Period Begin Balance \$ 500000 d is in compliance with all applied to funds are commingled with and that I have been trained by the second of the second	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22I prohibited or other non-disclosed full he NC State Board of Elections.	d. Period Begin Balance		
CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct Printed Name of Signer	d. Period Begin Balance \$ 50000 d is in compliance with all applied to funds are commingled with and that I have been trained by a signal of the signal of	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22I prohibited or other non-disclosed full he NC State Board of Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this Date		
CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct Printed Name of Signer OR OFFICE USE ONLY Date Received:	d. Period Begin Balance \$ 500000 d is in compliance with all applied to funds are commingled with and that I have been trained by the second of the second	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22I prohibited or other non-disclosed full he NC State Board of Elections. ture of Appointed Treasurer ce: Deli	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this Date Very Method		
CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct Printed Name of Signer OR OFFICE USE ONLY	d. Period Begin Balance \$ 50000 d is in compliance with all applied to funds are commingled with and that I have been trained by Signar Employee	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22I prohibited or other non-disclosed full he NC State Board of Elections. ture of Appointed Treasurer e: Deli	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this Date Very Method Normal Mail		
CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct Printed Name of Signer OR OFFICE USE ONLY Date Received: Date Postmarked:	d. Period Begin Balance \$ 50000 d is in compliance with all applied to funds are commingled with and that I have been trained by a signal of the signal of	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22I prohibited or other non-disclosed full he NC State Board of Elections. ture of Appointed Treasurer e: Deli	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this		
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CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct Printed Name of Signer OR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned:	d. Period Begin Balance \$ 50000 d is in compliance with all applied to funds are commingled with and that I have been trained by Signate Employee Employee	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22I prohibited or other non-disclosed full he NC State Board of Elections. ture of Appointed Treasurer e:	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this Date Very Method Normal Mail Registered Mail Hand Delivered Electronically Filed		
ERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct Printed Name of Signer OR OFFICE USE ONLY Date Received: Date Postmarked: Date Data Entered:	d. Period Begin Balance \$ 50000 d is in compliance with all applied to the following and that I have been trained by a signal of the following the followin	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22I prohibited or other non-disclosed full he NC State Board of Elections. ture of Appointed Treasurer e: Deli e: I Service State S	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this Date Very Method Normal Mail Registered Mail Hand Delivered Electronically Filed		
ERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signer OR OFFICE USE ONLY Date Received: Date Postmarked: Date Data Entered: Please Note: This form cannot be the NC of the	d. Period Begin Balance \$ 50000 d is in compliance with all applied to no funds are commingled with and that I have been trained by a Signar Employee Emplo	a. Financial Institution Full Name b. Purpose b. Purpose cable provisions of Article 22A, 22I prohibited or other non-disclosed furthe NC State Board of Elections. ture of Appointed Treasurer c: Deline State St	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this Date Very Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received handatory training		
ERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signer OR OFFICE USE ONLY Date Received: Date Postmarked: Date Data Entered: Please Note: This form cann assistant to	d. Period Begin Balance \$ 50000 d is in compliance with all applied to no funds are commingled with and that I have been trained by Signar Employee Emplo	a. Financial Institution Full Name b. Purpose b. Purpose cable provisions of Article 22A, 22H prohibited or other non-disclosed full he NC State Board of Elections. ture of Appointed Treasurer c: Deliving Simple Sim	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this Date Very Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received handatory training hittee address, treasurer		
ERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signer OR OFFICE USE ONLY Date Received: Date Postmarked: Date Data Entered: Please Note: This form cann assistant to	d. Period Begin Balance \$ 50000 d is in compliance with all applied to no funds are commingled with and that I have been trained by Signar Employee Emplo	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22I prohibited or other non-disclosed full he NC State Board of Elections. ture of Appointed Treasurer e: Deli e: I Service State S	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this Date Very Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received handatory training hittee address, treasurer		

Detailed Summary			Amendment	
Use this form to summarize all disclares	s and to total		IVI v.	
1. Committee Full Name (and Fund if applicable)	25 Il 2. Il vine o	f Report		
Ke-Elect Kenny Crews for			2C>1\C\	
CA4 CTT II	Hiderna		DCC04D4	
V -7	01	Total this Reporting Period	Total this	
4) Cash on Hand at Start RECEIPTS		\$ 500,00	* SOOrOO	
			1-30100	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	I \$	
6) Contributions from Individuals	(CRO-1210)	\$ 1.007.57	1010-	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 1,007.50	
8) Contributions from Other Political Committees	(CRO-1230)	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)		\$	
11) Other Receipt Sources	(01(0-1240)	\$	\$	
11a) Interest on Bank Accounts	((()))			
11b) Contributions from Not-For-Profit Organization	(CRO-1250)	\$	\$	
11c) Outside Sources of Income		\$	\$	
The state of the s	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11 EXPENDITURES	c,11d and 11e)	\$ 1,007.50	\$ 1.007.50	
13) Disbursements				
	Į.			
13a) Operating Expenditures	(CRO-1310)	\$ 1507,50	\$ 1507.50	
13b) Contributions to Candidates/Political Committee	S (CRO-1310)	\$	\$ 1507,50	
13c) Coordinated Party Expenditures	(CRO-1310) S			
4) Aggregated Non-Media Expenditures	(CRO-1315) §		\$	
5) Loan Repayments	(CRO-1420) \$	Amende	\$	
6) Refunds/Reimbursements from the Committee	100		\$	
7) In-Kind Contributions			\$	
B) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13c) Cash on Health (Total)	(CRO-1510) \$		\$	
Cash on Fland at End (Add lines 4 and 12 together the	5, 16 and 17) \$	1507.50	\$ 1507.50	
E ALL LINE URIVIATION	stract line 18	0	\$ 0	
) Non-Monetary Gifts Given to Other Committees	(CRO-1330) \$	MARCHAR SPECIAL		
Outstanding Loans (incl. and for	(C) 0			
Debts and Obligations owned by the G	(CRO-1430) \$			
Debts and Obligations awad to the G	(CRO-1610) \$			
Account Transfers Within the Control	(CRO-1620) \$			
Administrative Support	(CRO-1720) \$			
Forgiven Loans	(CRO-1710) \$		5	
48-Hour Notice Reports Sum	(CRO-1440) \$	3		
Contributions to be Refunded	CRO-2220) \$			
O-1100 NC State Board	CRO-1215) \$	\$		

Use this form	to report expenditure	es from the commi	ttee for operation	no ext	Pg o	f	Yes No
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, I							. ID Number
Re-Elect Kenny Crews for Alderman						21 QHD4	
() () () () () () () () () ()	sbursement (Plea.	se use separate Ci	RO-1310 forms	for e	ach type of Dis	hursem	ent)
Operating E	L C	ontributions to Candid	ates/Political Com	nittees			Party Expenditures
4. Payee Info			☐ Add		Remove		
(include city, sta	Mailing Address & P	hone	b. C001	dinate	ed Committee Nam	ie d.	Comments
Α ,	/ N		Ke-F	-166	+ Kenny C	rews	
Corter	Publishing (Suille News	o, Inc.	o I and	00	Hoerman		
Kerner	suille News	5		deral	tered (Specify) County:		
DU BOX	337 .		Sta		Municipa	ality o 1	Election Sum to Date
300 E03	of Mountain	27. 22.001.0				and,	i er a er
f. Account Code	SVILLE INC	17284 h. Purpose Code	i. Date (mm/dd/y	\ I		\$	1507,50
000909	Check	1 2	10-19-202				red Remarks
909	Chack			$\overline{}$	\$ 325,00	-	paign Ad
4. Payee Infor	ICheck	1 17	10-31-30	시	162,50	Com	paign Ad
	iling Address & Phone		☐ Add	Days and the same	Remove		
(include city, st	ate, & zin)				Committee Name		Comments
Carter	ublishing C ville News 33 Mountain	D. TOG	LE L	CAI	Kenny Cre	W.S	
Kerners	ville News)		_	ered (Specify)		
POBOX	337	st.	☐ Fed		County:		
300 EM	st Mountain	1011	Stat	е	Municipal	ity: e. E	lection Sum to Date
Kerner	suille NC a	27284				\$	157750 .
f. Account Code	g. Form of Payment	7	Data (mm/43)	N.			1001100
800909	Check	A	i. Date (mm/dd/yy -			^	red Remarks
909	Chack	,	10 04 00	A1 P	500 TO	Comp	aign Hd
1 Power Inform	(hear)		10-9-do	*	69510	Carry	laign Ad
4. Payee Information April 19 Payee Mail	ling Address & Phone		☐ Add	~ 4.4	emove		
(include city, sta			b. Coordi	nated (Committee Name	d. Co	omments
	, , , , , , , , , , , , , , , , , , , ,						
			c. Level R	egister	red (Specify)		
			Feder		County:	-	
		Amen	☐ State		Municipali	y: e. Ele	ection Sum to Date
		,	1			\$	
Account Code	g. Form of Payment	h. Purpose Code i.	Date (mm/dd/yyy	- \ [
	· · · · · · · · · · · · · · · · · · ·		Date (IIIII) dd/yyy	y) J. A	Amount k	Kequire	d Remarks
				_			
. Total only th	is Page			\$			
	CRO-1310 Pages					\$	150 (150
(This line goes in	line 13a of Detailed Sum	maru Paga CDO 1100	and the second				
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 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(1 mis tine goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
. Purpose Codes (List detailed expenditure code in (h.) above)							
- Media	B* - Printing	g C	* - Fundraisin	g	D - To An	other C	andidate
- Salaries - Postage	F* - Equipm	ent G	- Political Part	y	H* - Hold	ling Pul	olic Office Expenses
* Other	J - Penalties	K	* - Office Exp	enses	Q* - Dona	ation to	Legal Expense Fund
Codes require detailed explanation in required remarks field (k)							
RO-1310	- Junitello	an reduited tell	ial as Heid (k)	100	MATERIAL STREET		

Disbursements

Co	ntributions	s from Individu	ıals		7		Amendment
Use	this form to repo	ort individual contribu	tions over \$50 or	contributions u	rder \$50 if form	CRO	Yes No
1. C	ommittee Full N	lame (and Fund if a	oplicable)				ID Number
K	2-Flect	-Kenny ('sei	no for f	Aldormin)	1	3C (2) 11 D H
3. C	ontributor Info	rmation		Contract of the last of the la	temove	11	CUMP
	l Name, Mailing Ac lude city, state, & z		Provide	b. Job Title/Pro		d.	Comments
V	20000	0 (-0:)5		Rotin	Pa	T	
	alletin	K.Clehus			ame/Specific Field	+	
21	2 1000	$\frac{1}{1}$	2001		-	L	
Ke	rnersvi	R.Crews ainst, He NC 2	1284			e. I	Election Sum to Date
f. Prio						\$	1,007,50
	909	n. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/y)	уу)	k. Amount
	100	Check			10-19-20	21	\$ 1,007.50
$\vdash \equiv$							\$
Ц							\$
	ntributor Inform		S PRIEST IN	Add Re	move		
a. Fun (inch	Name, Mailing Add ide city, state, & zij	lress & Phone		b. Job Title/Prof		d. C	omments
	, , s and , s and	0					
				c. Employer's Na	me/Specific Field		
						e. El	ection Sum to Date
. Prior	g. Account Code	h. Form of Payment	1 T. 721 1 D			\$	
		- Torm of Tayment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y)	k. Amount
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(includ	le city, state, & zip)	ess & Phone		b. Job Title/Profes	sion	l. Co	nments
			[c. Employer's Nan	e/Specific Field		- 1
					mended e	771	4. 0
			1	1	/		tion Sum to Date
Prior	g. Account Code	h. Form of Payment	i. In-Kind Descripti	lon		\$	
		•	zama Descripti		. Date (mm/dd/yyyy)) k.	Amount
						1	\$
						1	5
	only this Pa	TOP				1	
		O-1210 Pages					007.50
This lin	e must be on line 6	of Detailed Summary Pag	e CRO-1100)			5/1	007.50