Disclosure Report Cover								
Use this form for general report and committee information, must be signed and submitted along with other detailed formation.								
1. Committee Information	information.							
a. Full Name								
The Conous His	21.6	1.4/	11 1	1.	0	c. ID Number		
The Committee b. Mailing Address (include City, Si	e +0 10	led Sca	of the	ree	Bowl	184-3541903		
PO Box 7455				d. Date Filed				
Winsten-Salem	51			7/19/77 e. Phone Number				
						336-416-9669		
2. Report Year 3. Period Sta	rt Date (mm/dd/)	y) 4. Period	End Date	nm/dd/vv)	5. Treasing	rer Full Name		
10/12/01/01	12072		0/2	_		D /		
6. Type of Committee (Check	One)		port (chaol	Liste and	Nichola	is 1540g0		
Candidate Campaign Pa		Municipal	Sta	te/County	type of rep	Referendum		
PAC Re	eferendum	Organization		Organizati	onal			
Independent Expenditure  Jo	int Fundraiser	Thirty-five d	ay 🗀	Quarterly	Ondi	Organizational Pre-referendum		
Legal Expense Fund	10	Pre-primary		First		Final		
E E	[	Pre-election		Secon	ıd	Supplemental Final		
7. Type of Fund (if applicable	e, check one)	Pre-runoff		Third		Annual		
Booster Fund		Semi-annual		Fourth	1	Special		
Building Fund	10	Mid Ye	ar	Semi-annua		Special		
	[0	Year En	d 🗀	Mid Y		10. Special Report Name		
Other:		Final	li i	Year I		To. Special Report Name		
8. Number of Fundraisers this	Report	☐ Special	后	Final		1		
0			ᅢ	Special		1		
11. Account Information		King Value	11 Acces		20 V			
a. Financial Institution Full Name			11. Account Information a. Financial Institution Full Name					
a. Financial Institution Full Name	- ye so me pakiw		2 Financial I	r mondell	tuon			
a. Financial Institution Full Name Truliant Federal	Crastit L	naica	a. Financial I	nstitution F	ull Name			
a. Financial Institution Full Name	Credit Code	naica	a. Financial I	nstitution F	ull Name	20 5		
a. Financial Institution Full Name Truliant Federal b. Purpose		naica	a. Financial I	nstitution F	uli Name	c. Account Code		
a. Financial Institution Full Name Truliant Federal b. Purpose	c. Account Code	-	a. Financial I	nstitution F	uli Name	c. Account Code		
a. Financial Institution Full Name Truliant Federal	c. Account Code  Ob  d. Period Begin B	Balance	a. Financial I	nstitution F	uli Name	The f		
a. Financial Institution Full Name Truliant Federal b. Purpose Campaign	c. Account Code	-	a. Financial I	nstitution F	uli Name	M L ROSY		
a. Financial Institution Full Name Truliant Federal b. Purpose Campaign CERTIFICATION	c. Account Code  OG   S  d. Period Begin B	Balance	a. Financial I b. Purpose	nstitution F	uli Name	d. Period Begin Balance		
a. Financial Institution Full Name  Trulicat Federal  b. Purpose  CGMPAIGN  CERTIFICATION  I certify that the Committee or Fur	d. Period Begin B	Balance	a. Financial I b. Purpose	nstitution F	uli Name	d. Period Begin Balance		
a. Financial Institution Full Name  Truliant Federal  b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fur  of the NC General Statutes and the	d. Period Begin B	Balance	a. Financial I b. Purpose  cable provision	nstitution F	uli Name	d. Period Begin Balance		
a. Financial Institution Full Name Truliant Federal b. Purpose Campaign CERTIFICATION	d. Period Begin B	Balance	a. Financial I b. Purpose  cable provision	nstitution F	uli Name	d. Period Begin Balance		
a. Financial Institution Full Name  Truliant Federal  b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fur  of the NC General Statutes and the	d. Period Begin B	Balance	a. Financial I b. Purpose  cable provision	nstitution F	uli Name	d. Period Begin Balance		
a. Financial Institution Full Name  Truliant Federal  b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Scott Andree	d. Period Begin E  d. Period Begin E  d. Good Begin E  d. Good Begin E  d. Good Begin E  d. Good Begin E  d. Period Begin E  d. Period Begin E  d. Period Begin E	Balance  18  The with all application application and the properties of the properti	b. Purpose  cable provision prohibited or the NC State	ons of Artic other non-c	le 22A, 22B disclosed fur ections.	d. Period Begin Balance		
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a. Financial Institution Full Name  Trulical Federal  b. Purpose  CGMPA'GM  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct  Sold Audie C  Printed Name of Signator FOR OFFICE USE ONLY	d. Period Begin E  d. Period Begin E  d. Good Begin E  d. Good Begin E  d. Good Begin E  d. Good Begin E  d. Period Begin E  d. Period Begin E  d. Period Begin E	Balance  18  The with all application application and the properties of the properti	b. Purpose  cable provision prohibited or the NC State	ons of Artic other non-c	le 22A, 22B disclosed fur ections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this		
a. Financial Institution Full Name  Trulical Federal b. Purpose  CGMPA'GM  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct  Scott Andree Signs  FOR OFFICE USE ONLY  Date Received:	d. Period Begin E  d. Period Begin E  d. Good Begin E  d. Good Begin E  d. Good Begin E  d. Good Begin E  d. Period Begin E  d. Period Begin E  d. Period Begin E	Balance  18  The with all application application and the properties of the properti	b. Purpose  cable provision prohibited or the NC State atture of Appoin	ons of Artic other non-c	le 22A, 22B disclosed fur ections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this		
a. Financial Institution Full Name  Trulical Federal b. Purpose  CGMPGIGN  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct  Scott Audie Committee  Printed Name of Signo  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:	d. Period Begin E  d. Period Begin E  d. Good Begin E  d. Good Begin E  d. Good Begin E  d. Good Begin E  d. Period Begin E  d. Period Begin E  d. Period Begin E	Balance  18  The with all applishmingled with been trained by  Sign	b. Purpose  cable provision prohibited or the NC State ature of Appointment.	ons of Artic other non-c	le 22A, 22B disclosed fur lections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 nds. I further certify that this    1/19		
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a. Financial Institution Full Name  Trulant Federal b. Purpose  Campaign  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and tha report is complete, true and correc  Frinted Name of Signs  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form can	d. Period Begin B  d. Period Begin B  dis in compliance at no funds are contained that I have been been been been been been been be	Employe Employe Employe Employe Employe Employe Employe	b. Purpose  cable provision prohibited or the NC State ature of Appointment of the case ature of appointment of the case at th	ons of Artic other non-c Board of El	le 22A, 22E disclosed fur lections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this    Jac		

Detailed Summary

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

1. Committee Full Name (and Fund if carelly other)

Amendment

Yes No

2. Committee run Name (and Fund if applicable)	2. Type of	f Report	3. ID Number	
The Committee to Elect Soot Another	Baven	Mil-Year	84-3541903	
Start of Election Cycle: January 1, 2027		Total this Reporting Period	Total this	
4) Cash on Hand at Start		\$ 600,18	\$ 600.18	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$	\$	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
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		CR. T. St. District.		
11a) Interest on Bank Accounts	(CRO-1250)	\$	A DESCRIPTION OF THE PARTY	
11b) Contributions from Not-For-Profit Organizations		I T	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)		\$	
11e) Exempt Purchase Price Sales		\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	(CRO-1265)	\$	\$	
EXPENDITURES	11d and 11e)	\$ 0	\$ 0	
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	MOS PERMIT	
13b) Contributions to Candidates/Political Committees			\$	
13c) Coordinated B. A. E.	(CRO-1310)	\$	\$	
Aggragated No. M. 12 T		\$	\$	
5) Loan Danovinoute		\$	\$	
6) Pofymdo/Deinel		\$	\$	
7) In-Kind Contributions		\$	\$	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	(CRO-1510)	\$	\$	
9) Cash on Hand at End (Add lines 4 and 12 together, then subt	, 16 and 17)	\$ 0	\$ 0	
ADDITIONAL INFORMATION	ract line 18	\$ 600,18	\$ 600.18	
A) Non-Monetowy Cifes Ci 4. Oct.	(CRO-1330)	<u> </u>		
1) Outstanding Loons (2-1	(CRO-1430)			
2) Debts and Ohlings				
3) Debts and Obligation			Mark Sales III	
1) Account Thomason International				
Administrative Comment	CRO-1720) \$			
S) Rorgivon Loons	CRO-1710) \$		\$	
A 48-Hour Notice Percents Server	CRO-1440) \$		\$	
Contributions to be Decay 1	(RO-2220) \$		\$	
RO-1100 NC State Board of	(RO-1215) \$		\$	