

Disclosure Report Cover

Amendment
 Yes No

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.

1. Committee Information	
a. Full Name Deanna Kaplan 4 School Board	c. ID Number 0CQ6LQ
b. Mailing Address (include City, State and Zip Code) 2521 Greenbrier Rd Winston Salem, NC 27104	d. Date Filed
	e. Phone Number

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 07/01/2022	4. Period End Date (mm/dd/yy) 10/22/2022	5. Treasurer Full Name Katherine Kaplan
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category)		
		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name		
8. Number of Fundraisers this Report				

11. Account Information		11. Account Information	
a. Financial Institution Full Name TRVIST	a. Financial Institution Full Name	b. Purpose Campaign finance reporting	b. Purpose
b. Purpose	b. Purpose	c. Account Code 1	c. Account Code
c. Account Code	c. Account Code	d. Period Begin Balance \$ 385.44	d. Period Begin Balance \$

CERTIFICATION

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 NC State Board of Elections.

Katherine Kaplan Katherine Kaplan 11/01/2022
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

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 Report	3. ID Number	
Deanna Kaplan 4 School Board	THIRD QTR	0CQ6LQ	
Start of Election Cycle: January 1, 2019		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 385.44	\$ 1,427.17
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 2,096.99	\$ 2,096.99	
6) Contributions from Individuals (CRO-1210)	\$ 18,010.17	\$ 26,660.17	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$ 268.05	\$ 5,029.55	
9) Loan Proceeds (CRO-1410)	\$	\$	
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 Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (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,11c,11d and 11e)	\$ 20,375.21	\$ 33,786.71	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 928.63	\$ 15,381.86	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 90.00	\$ 90.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 7,151.84	\$ 7,151.84	
17) In-Kind Contributions (CRO-1510)	\$ 7,151.84	\$ 7,151.84	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 15,322.31	\$ 29,775.54	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 5,438.34	\$ 5,438.34	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (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 (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Aggregated Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) Deanna Kaplan 4 School Board	2. ID Number 0CQ6LQ
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3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	Credit card		08/13/2022	\$ 8.34
<input type="checkbox"/> Remove	1	Credit card		08/13/2022	\$ 20.00
<input type="checkbox"/> Add	1	Credit card		08/17/2022	\$ 10.00
<input type="checkbox"/> Remove	1	Credit card		08/18/2022	\$ 25.00
<input type="checkbox"/> Add	1	Credit card		08/19/2022	\$ 10.00
<input type="checkbox"/> Remove	1	Credit card		08/20/2022	\$ 10.00
<input type="checkbox"/> Add	1	Credit card		08/20/2022	\$ 33.33
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 33.34
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 16.67
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 50.00
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 50.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 16.66
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 33.33
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 50.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 56.00
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 33.34
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 6.67
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 33.33
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 16.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 10.00

4. Total only this Page	\$ 540.01
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 2,096.99

Aggregated Contributions from Individuals

Page 2 of 5

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Deanna Kaplan 4 School Board				0CQ6LQ	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 2.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 50.00
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 20.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 13.34
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 56.00
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 10.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 25.00
<input type="checkbox"/> Add	1	Credit card		08/21/2022	\$ 25.00
<input type="checkbox"/> Remove	1	Credit card		08/21/2022	\$ 25.00
<input type="checkbox"/> Add	1	Credit card		08/22/2022	\$ 25.00
<input type="checkbox"/> Remove	1	Credit card		08/22/2022	\$ 10.00
<input type="checkbox"/> Add	1	Credit card		08/22/2022	\$ 10.00
<input type="checkbox"/> Remove	1	Credit card		08/22/2022	\$ 10.00
<input type="checkbox"/> Add	1	Credit card		08/22/2022	\$ 16.67
<input type="checkbox"/> Remove	1	Credit card		08/22/2022	\$ 25.00
<input type="checkbox"/> Add	1	Credit Card		08/22/2022	\$ 8.33
<input type="checkbox"/> Remove	1	Credit card		08/22/2022	\$ 10.00
<input type="checkbox"/> Add	1	Credit card		08/23/2022	\$ 20.00
<input type="checkbox"/> Remove	1	Credit card		08/23/2022	\$ 10.00
<input type="checkbox"/> Add	1	Credit card		08/23/2022	\$ 20.00
<input type="checkbox"/> Remove	1	Credit card		08/23/2022	\$ 20.00
4. Total only this Page					\$ 400.34
5. Total of ALL CRO-1205 Pages					\$ 2,096.99
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Deanna Kaplan 4 School Board					0CQ6LQ	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	1	credit card		08/23/2022	\$ 10.00	
<input type="checkbox"/> Remove	1	credit card		08/24/2022	\$ 10.00	
<input type="checkbox"/> Add	1	credit card		08/25/2022	\$ 10.00	
<input type="checkbox"/> Remove	1	credit card		08/25/2022	\$ 10.00	
<input type="checkbox"/> Add	1	credit card		08/25/2022	\$ 10.00	
<input type="checkbox"/> Remove	1	credit card		08/25/2022	\$ 10.00	
<input type="checkbox"/> Add	1	credit card		08/26/2022	\$ 40.00	
<input type="checkbox"/> Remove	1	credit card		08/26/2022	\$ 10.00	
<input type="checkbox"/> Add	1	credit card		08/27/2022	\$ 30.00	
<input type="checkbox"/> Remove	1	credit card		08/28/2022	\$ 36.00	
<input type="checkbox"/> Add	1	credit card		08/28/2022	\$ 33.33	
<input type="checkbox"/> Remove	1	credit card		08/29/2022	\$ 10.00	
<input type="checkbox"/> Add	1	credit card		08/31/2022	\$ 16.66	
<input type="checkbox"/> Remove	1	credit card		08/31/2022	\$ 30.00	
<input type="checkbox"/> Add	1	credit card		08/31/2022	\$ 10.00	
<input type="checkbox"/> Remove	1	credit card		09/01/2022	\$ 56.60	
<input type="checkbox"/> Add	1	credit card		09/02/2022	\$ 30.00	
<input type="checkbox"/> Remove	1	credit card		09/05/2022	\$ 16.00	
<input type="checkbox"/> Add	1	credit card		09/05/2022	\$ 50.00	
<input type="checkbox"/> Remove	1	credit card		09/06/2022	\$ 16.66	
<input type="checkbox"/> Add	1	credit card		09/07/2022	\$ 16.00	
<input type="checkbox"/> Remove	1	credit card		09/08/2022	\$ 13.33	
<input type="checkbox"/> Add	1	credit card		09/08/2022	\$ 30.00	
<input type="checkbox"/> Remove	1	credit card		09/08/2022	\$ 16.00	
4. Total only this Page					\$ 479.98	
5. Total of ALL CRO-1205 Pages					\$ 2,096.99	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Deanna Kaplan 4 School Board					DCQ6LQ	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/09/2022	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/09/2022	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/09/2022	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/09/2022	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/09/2022	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/14/2022	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/15/2022	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/19/2022	\$ 3.66	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/21/2022	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/25/2022	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/26/2022	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/26/2022	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/29/2022	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/29/2022	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/30/2022	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		09/30/2022	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		10/02/2022	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		10/03/2022	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		10/04/2022	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		10/07/2022	\$ 8.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	check		10/11/2022	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		10/13/2022	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	credit card		10/13/2022	\$ 10.00	
4. Total only this Page					\$ 546.66	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 2,096.99	

Contributions from Individuals

Pg 1 of 10

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) Deanna Kaplan 4 School Board	2. ID Number 0CQ6LQ
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Charmaine Angino 463 Carolina Cir, 2 Winston Salem, NC 27104	b. Job Title/Profession Senior Director	d. Comments
	c. Employer's Name/Specific Field United Way of Forsyth County	
		e. Election Sum to Date \$ 66.66

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	credit card		08/21/2022	\$ 66.66
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Susan Grote 1508 Barrington Way Ct Winston Salem, NC 27106	b. Job Title/Profession Unemployed	d. Comments
	c. Employer's Name/Specific Field unemployed	
		e. Election Sum to Date \$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	credit card		08/21/2022	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Anna Baker 5596 Brookberry Farm Rd Winston Salem, NC 27106	b. Job Title/Profession Unemployed	d. Comments
	c. Employer's Name/Specific Field Unemployed	
		e. Election Sum to Date \$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		credit card		08/21/2022	\$ 50.00
<input type="checkbox"/>		credit card		08/21/2022	\$ 50.00
<input type="checkbox"/>		credit card		09/30/2022	\$ 50.00

4. Total only this Page \$ 341.66

5. Total of ALL CRO-1210 Pages \$ 18,010.17
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Deanna Kaplan 4 School Board					0CQ6LQ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jessica McClory 732 Westover Ave Winston Salem, NC 27104			unemployed			
			c. Employer's Name/Specific Field			
			unemployed		e. Election Sum to Date	
					\$ 133.34	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	credit card		08/21/2022	\$ 83.34	
<input type="checkbox"/>	1	credit card		10/02/2022	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Christy Robinson 3608 Foxglove Drive Winston Salem, NC, 27106			Teacher			
			c. Employer's Name/Specific Field			
			WSFCS		e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	credit card		08/21/2022	\$ 25.00	
<input type="checkbox"/>	1	credit card		10/21/2022	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Deanna Debrecht 825 Heron Ridge Rd Winston Salem, NC 27106			Unemployed			
			c. Employer's Name/Specific Field			
			Unemployed		e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	credit card		08/21/2022	\$ 25.00	
<input type="checkbox"/>	1	credit card		09/29/2022	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 283.34	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 18,010.17	

Contributions from Individuals

Pg 3 of 10

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Deanna Kaplan 4 School Board					0CQ6LQ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Carol Ziel 4620 Century Oaks Lane Winston Salem, NC 27106				MD		
				DUHS		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit card		08/22/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Susan Campbell 418 N. Trade St Winston Salem, NC 27101				unemployed		
				unemployed		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit card		08/22/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Elisabeth Motsinger 6548 Woodmere Dr Walkertown, NC 27051				Unemployed		
				unemployed		e. Election Sum to Date
						\$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit card		08/22/2022	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 18,010.17	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Deanna Kaplan 4 School Board				0C06LQ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Adrienne Amos Livengood 605 Spring Tree Ct Winston Salem, NC 27104			Student		
			c. Employer's Name/Specific Field		
			student		
					\$ 1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	credit card		08/23/2022	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Sarah Squire 740 Roslyn Rd Winston Salem, NC 27104			Physician		
			c. Employer's Name/Specific Field		
			PRO		
					\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Credit card		08/26/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Elizabeth Carlson 3303 Buena Vista Rd Winston Salem, NC 27106			Unemployed		
			c. Employer's Name/Specific Field		
			Unemployed		
					\$ 133.33
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	credit card		08/29/2022	\$ 83.33
<input type="checkbox"/>	1	Credit card		09/29/2022	\$ 50.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,233.33
5. Total of ALL CRO-1210 Pages					\$ 18,010.17
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Deanna Kaplan 4 School Board					DCA6LQ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William Blancato 1860 Newshore Ct Winston Salem, NC 27121			Attorney			
			c. Employer's Name/Specific Field Blancato Legal Services PLLC			
					e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		08/31/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Wendy Brenner 2985 Bartram Rd Winston Salem, NC 27106			Unemployed			
			c. Employer's Name/Specific Field Unemployed			
					e. Election Sum to Date \$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	credit card		09/08/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michelle Combs 512 Burkewood Dr Winston Salem, NC 27104			Physician Assistant			
			c. Employer's Name/Specific Field Novant Health			
					e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	credit card		09/09/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 650.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 18,010.17	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Deanna Kaplan 4 School Board					0C06LQ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Vivian Frazier 2521 Greenbrier Rd Winston Salem, NC 27104				Retired		
				c. Employer's Name/Specific Field		
				Retired		
e. Election Sum to Date						\$ 11,100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		08/01/2022	\$ 5,600.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
D. Elwood Clinard 614 W End Blvd Winston Salem, NC 27101				Retired		
				c. Employer's Name/Specific Field		
				Retired		
e. Election Sum to Date						\$ 300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		09/22/2022	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Frank & Garry Trowbridge 3543 Old Grist Ct Winston Salem, NC 27103				Retired		
				c. Employer's Name/Specific Field		
				Retired		
e. Election Sum to Date						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		09/22/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 6,000.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 18,010.17	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Deanna Kaplan 4 School Board						0CQ6LQ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Louis Friedman 3490 Mic Mae Trl Kernersville, NC 27284				Retired			
				c. Employer's Name/Specific Field Retired			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		10/11/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Tim Kepley 255 Kepley craver Ave Lexington, NC 27295				owner			
				c. Employer's Name/Specific Field Mallard Creek Landscaping			
						e. Election Sum to Date	
						\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		10/11/2022	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Lynn B. Eisenberg 411 S Marshall St STE304 Winston Salem, NC 27101				Retired			
				c. Employer's Name/Specific Field Retired			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		10/11/2022	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 18,010.17	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Deanna Kaplan 4 School Board					OC26LQ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Edward Plesants 1084 West Fourth St Winston Salem, NC 27101				Retired		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Retired		
						\$ 450.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	i	check		10/11/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Ray Dyer 1116 Glousman Rd Winston Salem, NC 27104				Retired MD		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Retired MD		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	i	check		10/11/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Kerry Venable 6005 Reidsville Rd Bellws Creek, NC 27009				Manager		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Kerry Venable & son Builders and Developers		
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	i	check		10/11/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 18,010.17	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Deanna Kaplan 4 School Board					ØCQ6LQ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Graham Bennett PO Box 2736 Winston Salem, NC 27102				Retired		
				Retired		e. Election Sum to Date
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		10/11/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
James Armentrout 3822 Ryan Way Winston Salem, NC 27106				Attorney		
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		10/11/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Aldona Towner 1113 Glausman Rd Winston Salem, NC 27104				Unemployed		
				Unemployed		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		10/11/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages					\$ 18,010.17	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Deanna Kaplan 4 School Board				0CQ6LQ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
David Plyer 211 Harmon Ln Kernersville, NC 27284			Retired		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Retired		
					\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CHECK		10/11/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Christine Kissick 4848 Bartram Rd Winston Salem, NC 27106			Unemployed		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Unemployed		
					\$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CHECK		10/11/2022	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Deanna Kaplan 2521 Greenbrier Rd Winston Salem, NC 27104					
			c. Employer's Name/Specific Field		e. Election Sum to Date
					\$ 7,151.84
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-kind	Yard signs		\$ 4,159.36
<input type="checkbox"/>	1	In-kind	Yard signs		\$ 2,992.48
<input type="checkbox"/>					\$
4. Total only this Page					\$ 7,401.84
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 18,010.17

Contributions from Other Political Committees

Pg 1 of 1

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Deanna Kaplan 4 School Board				DCQ6LQ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
Ted Kaplan For County Commissioner 2521 Greenbrier Rd Winston Salem, NC 27104			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	check		8/01/2022	\$ 268.05	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 268.05	
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 268.05	

Disbursements

Amendment
 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. ID Number
Deanna Kaplan 4 School Board						0CQ6LQ
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Valerie Brockenbrough NC						
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 722.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	A,B	09/22/2022	\$ 322.30	Flyers	
1	CHECK	B	09/22/2022	\$ 400.00	Postcards	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Act Blue						Processing Fees from Act Blue donations
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 72.84
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1		0	10/21/2022	\$ 72.84	Act Blue Fees	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Stripe						Processing Fees from Act Blue/Stripe donations
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 133.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1		0	10/21/2022	\$ 133.49	Processing Fees	
5. Total only this Page						\$ 928.63
6. Total of ALL CRO-1310 Pages						\$ 1,018.63
(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)						

Disbursements

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
Deanna Kaplan 4 School Board						0CQ6LQ
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input checked="" type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Forsyth Women Democrats NC				Forsyth Women Democrats		
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				Forsyth county, NC		e. Election Sum to Date \$ 90.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	A	09/05/2022	\$ 90.00	Candidate Video	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						\$ 90.00
6. Total of ALL CRO-1310 Pages						\$ 1,018.63
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
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)						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Deanna Kaplan 4 School Board		SCQ6EQ
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Deanna Kaplan 2521 Greenbrier Rd Winston Salem, NC	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$7,151.84
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Yard Signs - Wooten Graphics		\$ 4,159.36
Yard Signs - Wooten Graphics		\$ 2,992.48
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 7,151.84
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 7,151.84

Refunds/Reimbursements From the Committee

Pg ____ of ____

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Deanna Kaplan 4 School Board			OCQ6LQ		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Deanna Kaplan 2521 Greenbrier Rd Winston Salem, NC 27104		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		i. Original Receipt Amount	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		j. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County:		P		\$ 7,151.84	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				\$ 7,151.84	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
Board Member		WS/FCS			
k. Account Code				1	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
CHECK		Reimbursement for yard signs		09/26/2022	
				o. Amount	
				\$ 7,151.84	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		i. Original Receipt Amount	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		j. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County:				\$	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
k. Account Code					
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		i. Original Receipt Amount	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		j. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County:				\$	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:				\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
k. Account Code					
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
4. Total only this Page			\$ 7,151.84		
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)			\$ 7,151.84		
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					