Disclosure Report Cover		Amendment
Use this form for general report and committee inform	nation, must be signed and submi	☐ Yes ☐ No tted along with other detailed forms.
Do not use this form to update information.  1. Committee Information		
a. Full Name	Control of Charles Control	c. ID Number
Deanna Kaplan 4 School Bo	pard	ØCQ6LQ
b. Mailing Address (include City, State and Zip Code)	-00-01	d. Date Filed
2521 Greenbrier Rd		u. Date Plieu
Winston Salem, NC 27104		e. Phone Number
Winston Swent, NC 2/107		o a none i dimper
2. Report Year 3. Period Start Date (mm/dd/yy) 4. P	eriod End Date (mm/dd/yy) 5. T	reasurer Full Name
	- 1 . 1	Katherine Kaplan
6. Type of Committee (Check One) 9. Type	of Report (check only one type	
Candidate Campaign Party Municipa	1 State/County	Referendum
	nizational Organizational y-five day Ouarterly	Organizational
	y-five day Quarterly First	Pre-referendum Final
·	election Second	Supplemental Final
7. Type of Fund (if applicable, check one) Pre-r	unoff Third	Annual
	-annual E Fourth	Special
	Mid Year Semi-annual	
les   <u>                                </u>	Year End Mid Year	10. Special Report Name
8. Number of Fundraisers this Report Speci		
Specializer of Fundraisers this Report	ial Final Special	
11. Account Information	11. Account Informatio	
a. Financial Institution Full Name	a. Financial Institution Full N	
TRUIST		
b. Purpose c. Account Code	b. Purpose	c. Account Code
campaign finance reporting d. Period Begin Balance		2 De 1
france 18,00 (fing d. Period Begin Balance		d. Period Begin Balance
\$ 5,438-39	<del>'+</del>	e institution
CERTIFICATION	1	υ ω
I certify that the Committee or Fund is in compliance with of the NC General Statutes and that no funds are comming report is complete, true and correct and that I have been tra	led with prohibited or other non-disc	losed funds. I further certify that this
Katherine Kaplan Pe	etherine Keyplan	01/10/2023
Printed Name of Signer	Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY		
Date Received:	Employee:	Delivery Method  Normal Mail
Date Postmarked:	Employee:	Registered Mail Hand Delivered
Date Scanned:	Employee:	■ Electronically Filed
	Employee:	<ul> <li>□ Electronically Filed</li> <li>□ Signer has not received mandatory training</li> </ul>

Detailed Summary			Amendment
Use this form to summarize all disclosure reporting forms and	d to total mo	metary information	Yes No
1. Committee Full Name (and Fund if applicable)	2. Type of	Report 3	ID Number
Deanna Kaiplan 4 School Board	1	QTR	Øca bia
Start of Election Cycle: January 1, 2019		Total this	Total this
4) Cash on Hand at Start		Reporting Period	Election Cycle
RECEIPTS	4.5	\$ 5,438.34	
5) Aggregated Contributions from Individuals	(CRO-1205)		
6) Contributions from Individuals	(CRO-1210)	00,35	\$ 2,185.32
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 27,660.17
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 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)	\$	d de la constant de l
11b) Contributions from Not-For-Profit Organizations		\$	\$
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,1			\$ 74 5 - 64
EXPENDITURES	and Tie)	\$ 1,088.33	\$ 34,875.04
13) Disbursements		whi. C.	
13a) Operating Expenditures	(CRO-1310)	\$ 6,449.10	\$ 21,930.96
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$ 90.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) T . T	(CRO-1420)	\$	\$
10 D 6 1 D 1 .	(CRO-1320)	\$	
17) In V:-1 Camerilland	(CRO-1510)	\$	\$ 7,151.84
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 6,449.10	\$ 36,224.64
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 71.57	\$ 77.57
ADDITIONAL INFORMATION			
	CRO-1330)	\$	1 10 1
-	CRO-1430)	\$	150 37 - 17
	CRO-1610)	\$	
	CRO-1620)	\$	
	CRO-1720)	\$	No. of the last
	CRO-1710)	\$	\$
	CRO-1440)	\$	\$
	CRO-2220)	\$	\$
TDO 1100		\$	\$
NC State Board of	of Elections		August 2008

Aggreg	ated Contri	ibutions from	Individuals Pa	age 1 of 1	Amendment				
Optional f	form used to rep	port NC Contributi	ons From Individuals of	of \$50 or less	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									
Deani	na Kaple	ah 4 Scho	ol Board		-				
3. Contribu	utor Information	n	or soura		ØCQ 6 LQ				
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	o Date (mar 1334 )					
Add	-		Description	e. Date (mm/dd/yyyy)	f. Amount				
Remove Add	,	Credit card		10/24/2022	\$ 33.33				
Remove	( -	Credit card		10/26/2022	\$ 10.00				
Add Remove		Credit card		11/21/2022	\$ 10.00				
Add Remove	1	check							
Add		Credit courd		11/28/2022	23.00				
Remove		Crean Cara		12/21/2022	\$ 10.00				
Add Remove					\$				
Add					Ψ				
Remove Add					\$				
Remove					\$				
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Remove					\$				
	y this Page			\$	88.33				
Total of A	ALL CRO-12	05 Pages							
This line must be on line 5 of Detailed Summary Page CRO-1100)  SO-1205  NO State Page CRO-1100									

		rom Individu		1	Pg of	2	Amendment  Yes No	
1 Con	is form to report	individual contributi ne (and Fund if app	ons over \$50 or c	ontributions un	nder \$50 if form C	_		
		aplan 4 s		ard		_	ID Number 3CQ6LQ	
	tributor Inform				emove	-		
-	ame, Mailing Addr			b. Job Title/Pro	ALCO CALLEDON	d. C	Comments	
(inclu	de city, state, & zip)			perined				
Lee	Chaden					-		
281	5 Bartra	im led.		c. Employer s N	ame/Specific Field	1		
Wit	nston sale	m, NC 27106				e. E	lection Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount	
	1	check			11/28/202	2	\$ 250.00	
							\$	
							\$	
STREET, SQUARE,	ributor Inform			Add Re	emove			
	ame, Mailing Addr	ess & Phone		b. Job Title/Prof	ession	d. C	omments	
	(include city, state, & zip)				tor			
	Nell Johnson				c. Employer's Name/Specific Field			
37:	Bucking	ghum led		•				
Wir	nstun salei	m, NC 27104				e. El	ection Sum to Date	
		·				\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	y)	k. Amount	
	1	Check			11/07/202	2	\$ 250.00	
							\$	
							\$	
	ributor Informa	AND DESCRIPTION OF THE PARTY OF		Add Re			THE RESERVE	
	ime, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profe	ession	d. Co	omments	
	nice W. (	* MICHOLO		Retired				
				c. Employer's Name/Specific Field				
	14 Arboi					. Tall	of a Date	
VVI	LISTON SUR	2m, NC 27104	f		-		ection Sum to Date	
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyyy		250.00 k. Amount	
	f				11/07/2022			
		Check			11/01/2022	-	\$ 250.00	
							\$	
							\$	
	al only this Pa					\$	750.00	
		O-1210 Pages				\$	1,000.00	
(Ims lin	ie must be on line 6	of Detailed Summary Pa	ge CRO-1100)		and the second	-	1/000.00	

		s from Individu		Fontributions ur	og 2 of 2	) PO	Amendment  Yes No  1205 is not used
		lame (and Fund if ar		contributions up	ider \$50 ii ioriii C	120	ID Number
Dea	anna K	ouplan 4 Sc	hool Boar	rd			1CQ6LQ
	tributor Info			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	emove		
100	lame, Mailing A de city, state, & :			b. Job Title/Pro	fession	d. (	Comments
				Retired			
44	ne Wils	shall Vien	U CT	c. Employer's N	ame/Specific Field		
INI	Winston Salem, NC 27101					e. E	lection Sum to Date
						\$	100.00
f. Prior	g. Account Cod	le h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount
	1	Check			11/05/202	2	\$ 100.00
							\$
							\$
	ributor Info				emove	1 AK	
	ame, Mailing Ad le city, state, & 2			b. Job Title/Prof	fession	d. C	comments
	n Lam	- h		Retired			
				c. Employer's Na	ame/Specific Field	1	
	14 Arb					_	
Wi	nston so	ium, NC 271	04				lection Sum to Date
f. Prior	g. Account Cod	e h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	_	k. Amount
	1	Check					\$ 150.00
							\$
							\$
	ributor Infor			Add Re	emove	H V	Z. E. Million Billion
	ame, Mailing Ad e city, state, & z			b. Job Title/Prof	ession	d. C	omments
(include	e city, state, & z	ų)		c. Employer's Na	me/Specific Field		
						e. El	ection Sum to Date
						\$	
	g. Account Cod	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
							\$
							\$
							\$
4. Tota	al only this	Page			E ENTER A	\$	250.00
		CRO-1210 Pages	Page CRO-1100)			\$	1,000.00

	1		_	Amendment	
Pg		of	2	☐ 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 F	ull Name (and Fund	l if applicable)	S ALC	S. Frank			2. ID Number
Deanna	Kaplan 4	t School	Bo	sard			ØCQ6LQ
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for e	each type of Dist	bursei	and the same of th
Operating Expe		tributions to Candida	ites/Politic	cal Committees	S Coo	ordinate	ed Party Expenditures
4. Payee Inform					Remove		
Secretary and the second	ailing Address & Pho	one		b. Coordinat	ed Committee Nam	e	d. Comments
(include city, state,							
Systel	Printing S vest Wend	pervices		c. Level Regi	stered (Specify)		
2517 1/	rioct Mond	OVER AV	₽.	- Federal	County:		
				State	Municipa	ality:	e. Election Sum to Date
Greens	looro, NC 2	27401					\$1,700.62
f. Account Code		h. Purpose Code		mm/dd/yyyy)	-	k. Re	quired Remarks
l l	Check	Α	11/0	2/2022	\$ 575.36	POI	1 Handout cards
1	Check	A	11/0	3/2022	\$ 505.00	PC	ost cards
4. Payee Inform	nation			Add 🔲	Remove		
	ng Address & Phone			b. Coordinate	ed Committee Name	e e	d. Comments
(include city, stat							
Excalib	our Direct 1	Marketin	g	c. Level Regis	stered (Specify)		
	ethania St	Federal County:					
				☐ State	Municipa Municipa	ility:	e. Election Sum to Date
Winston	Salem, No	, 21100					\$ 4,362.80
f. Account Code	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)		1	quired Remarks
l	CHECK	C					draising Mass Mailers
{	CHECK	Α	11/03	3/2022	\$ 1,090.70	Post	cards for Common Sense tca
4. Payee Inform	TO PARTY OF THE PA			Add	Remove	A.	
	ng Address & Phone			b. Coordinate	ed Committee Name	e (	d. Comments
(include city, stat	e, e. zip)						
Poll Wo	irkers			c. Level Regis	stered (Specify)		
				Federal	County:		
				State	Municipa		e. Election Sum to Date
							\$ 4,000
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)		-	quired Remarks
1	CHECK	E	11/05	1/2022	\$1,000 00	Poll	Worker Salaries
					\$		
5. Total only thi	s Page	W/V JASI		1 1174		100	\$ 6,443.16
6. Total of ALL	CRO-1310 Pages	( T) N E E E E	1150	A CHECK	12 May 18 18 18 18 18 18 18 18 18 18 18 18 18	W/P	
(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Oper	ating Expense	25)		\$ 6,449.10
	line 13b of Detailed Sum					)	
	line 13c of Detailed Sum				Expenditures)		ACTOR DE L'ACTOR DE L
A* - Media	Dies (List detailed B* - Printin			indraising	D - To	Anoth	ner Candidate
E - Salaries	F* - Equip			itical Party			g Public Office Expenses
I - Postage	J - Penaltie			ffice Expen			on to Legal Expense Fund
O* Other	1 - 1 - 1		Wileson William	m + + - + - + - + - + - + - + - + - + -		1000	
Codes require	e detailed explanation	on in required r	emarks	neld (k)	MICHELL N. BX	X GOLD	

	0		^	Amendment	
Pg	2	of	2	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 I	full Name (and Fun	d if applicable)					2. ID Number
Deanna	Kaplan 4	School Bo	ourd				ØCQ6LQ
3. Type of Dish	oursement (Please	e use separate Ck	20-1310	forms for e	ach type of Di	sburse	ement.)
Operating Exp		ntributions to Candida	ates/Politic	cal Committees		oordina	ted Party Expenditures
4. Payee Inform				Add	Remove		52.50 N. A. (4)
100000	failing Address & Pl	none		b. Coordinat	ed Committee Na	ne	d. Comments
(include city, state	, & zip)						Act Blue processing
Act Blu	0			c. Level Regi	stered (Specify)		fees from
100000	C			☐ Federal	County	:	donations
1				☐ State	Munici	pality:	e. Election Sum to Date
							\$ 74.69
f. Account Code	g. Form of Payment	h. Purpose Code			j. Amount		Required Remarks
ţ	CHECK	0	12/2	3/2022	\$ 1.85	P	ict Blue Fees
					\$		
4. Payee Inform	nation			Add	Remove		
a. Full Name, Mai	ling Address & Phone			b. Coordinat	ed Committee Na	ne	d. Comments
(include city, sta	nte, & zip)						
Ctrico				a Lovel Dagi	stered (Specify)		-
Stripe				Federal	County	:	
				State	Munici		e. Election Sum to Date
							\$ 137.58
			I		T	1, 5	
f. Account Code	g. Form of Payment	h. Purpose Code		00007	j. Amount	- 1	lequired Remarks
- 1	CHECK	0	12/2	3/2022	\$ 4.09	S	tripe fees
					\$		
4. Payee Inform	mation	K. C. L. K.		Add	Remove		
a. Full Name, Mai	ling Address & Phone			b. Coordinat	ed Committee Na	me	d. Comments
(include city, sta	ite, & zip)						
				c Level Regi	stered (Specify)		-
				Federal	County	:	-
				☐ State	Munici	pality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	lequired Remarks
					\$		
					\$		
5. Total only th	nis Page	Control of the last					\$ 5.94
STATE NAME OF THE OWNER, THE OWNE	L CRO-1310 Pages						4 5. (1
	n line 13a of Detailed Su	mmary Page CRO-11	100 if One	ratina Ernens.	es)	755	\$ 6,449.10
,	•					m)	\$ 6,711
,	(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 C	lodes (List detailed	d expenditure cod	e in (h.)	above)		100	
A* - Media	B* - Print		C* - F	undraising			ther Candidate
E - Salaries	F* - Equip			litical Party			ng Public Office Expenses
I - Postage	J - Penalt	ries	K* - 0	ffice Expen	ises Q*-	Donat	ion to Legal Expense Fund
O* Other	no detailed combons	tion in accordance	nomonte	field (le)		8 30	1016 DV 11
Codes requi	re detailed explana	uon in required i	remarks	neid (k)	A MEAN	200	- CARLES AND