Disclosure Report Co	over		Amendment			
Use this form for general report and committee information, must be signed and submitted along with other detailed for						
Do not use this form to update information.  1. Committee Information						
a. Full Name						
	7 6 11		c. ID Number			
b. Mailing Address (include City, Sta	Jr. For M	ayor	8CQ 364			
	d. Date Filed					
2969 Avalee	09/26/23					
Walkertown, NC 27051 e. Phone Number						
2. Report Year 3. Period Start	Date (mm/dd/vv) 4 Period	End Data (mm/13/	336-403-4461			
	10 2 C - L	Clu Date (mm/dd/yy)	5. Treasurer Full Name			
	1023 Sept.	de, 2025	Connie ANN Chardler			
6. Type of Committee Check (Candidate Campaign Par	One) 9. Type of Rep	port (check only one	type of report from one category)			
	ty Municipal Ferendum Organization	State/County	Referendum			
☐ Independent Expenditure ☐ Join	O E Game and Comme	- Same				
Legal Expense Fund	Pre-primary		Pre-referendum			
	Pre-election	First	Final			
7. Type of Fund (if applicable,		Secon	Bappienentai i mai			
Booster Fund	Semi-annual	Third	- Tamaan			
Building Fund	Mid Yea	Fourt	Special Special			
	Year En					
Other:	Final		To opecial report Paine			
8. Number of Fundraisers this		Year.	4 3			
Trumber of Fundraisers this	Report Special	Final	CO CO			
□ □ Special						
11 4 47 0						
11. Account Information		11. Account Inform				
a. Financial Institution Full Name						
a. Financial Institution Full Name		11. Account Inform	7. 11 A.T			
a. Financial Institution Full Name	c. Account Code	11. Account Inform	7. 11 A.T			
a. Financial Institution Full Name  Truist b. rurpose	c. Account Code	11. Account Inform a. Financial Institution I	Full Name			
a. Financial Institution Full Name	5352	11. Account Inform a. Financial Institution I	Full Name			
a. Financial Institution Full Name  Truist b. rurpose	c. Account Code  5352 d. Period Begin Balance	11. Account Inform a. Financial Institution I	Full Name			
a. Financial Institution Full Name  Truist b. rurpose  Campaign	5352	11. Account Inform a. Financial Institution I	c. Account Code			
a. Financial Institution Full Name  Truist b. rurpose  Campaign  CERTIFICATION	5352 d. Period Begin Balance	11. Account Inform a. Financial Institution I b. Purpose	c. Account Code d. Period Begin Balance			
a. Financial Institution Full Name  Luist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun	d. Period Begin Balance  d is in compliance with all appli	11. Account Inform a. Financial Institution I b. Purpose	c. Account Code  d. Period Begin Balance \$			
a. Financial Institution Full Name  Louist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha	d. Period Begin Balance  s  d is in compliance with all applit no funds are commingled with	11. Account Inform a. Financial Institution I b. Purpose  cable provisions of Arti	c. Account Code  d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163			
a. Financial Institution Full Name  Louist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha	d. Period Begin Balance  s  d is in compliance with all applit no funds are commingled with	11. Account Inform a. Financial Institution I b. Purpose  cable provisions of Arti	c. Account Code  d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163			
a. Financial Institution Full Name  Louist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct	d. Period Begin Balance  d is in compliance with all applit no funds are commingled with and that I have been trained by	11. Account Inform a. Financial Institution I b. Purpose  cable provisions of Arti	c. Account Code  d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163			
a. Financial Institution Full Name  Louist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  Conne And	d. Period Begin Balance  d is in compliance with all applied to the founds are commingled with and that I have been trained by a Chardler Comments.	11. Account Inform a. Financial Institution I b. Purpose  cable provisions of Arti	c. Account Code  d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163			
a. Financial Institution Full Name  Louist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  Conne American Statute of Signeral Statutes and Correct of Signeral Statute	d. Period Begin Balance  dis in compliance with all applit no funds are commingled with and that I have been trained by Chardler Com	11. Account Inform a. Financial Institution I b. Purpose  cable provisions of Arti	c. Account Code  d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163 -disclosed funds. I further certify that this Elections.			
a. Financial Institution Full Name  Louist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  Conne And	d. Period Begin Balance  dis in compliance with all applit no funds are commingled with and that I have been trained by Chardler Com	a. Financial Institution I  b. Purpose  cable provisions of Arti prohibited or other non the NC State Board of F	c. Account Code  d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163 -disclosed funds. I further certify that this Elections.			
a. Financial Institution Full Name  Louist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  Conne American Statute of Signeral Statutes and Correct of Signeral Statute	d. Period Begin Balance  dis in compliance with all applit no funds are commingled with and that I have been trained by Chardler Com	a. Financial Institution I  b. Purpose  cable provisions of Arti prohibited or other non the NC State Board of F	c. Account Code  d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163 -disclosed funds. I further certify that this Elections.  Arable 9/36/33  Date  Delivery Method			
a. Financial Institution Full Name  Louist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  Conne And Printed Name of Signer  FOR OFFICE USE ONLY	d. Period Begin Balance  dis in compliance with all applit no funds are commingled with and that I have been trained by the chardler of Sign	a. Financial Institution I  b. Purpose  cable provisions of Arti prohibited or other non the NC State Board of F  And Column Articles  ature of Appointed Treasu  ee:	c. Account Code  d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163 -disclosed funds. I further certify that this Elections.  Arable 9/36/33  Date  Delivery Method Normal Mail Registered Mail			
a. Financial Institution Full Name  Louist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  Commendation  Printed Name of Signer FOR OFFICE USE ONLY  Date Received:	d. Period Begin Balance  dis in compliance with all applit to funds are commingled with and that I have been trained by Charder Complex Sign Employ	a. Financial Institution I  a. Financial Institution I  b. Purpose  cable provisions of Arti prohibited or other non the NC State Board of F  And Columbia atture of Appointed Treasure ee:	c. Account Code  d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163 -disclosed funds. I further certify that this Elections.  Arable 9/26/23  Date  Delivery Method Normal Mail			
a. Financial Institution Full Name  Louist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  Conne And  Printed Name of Signe  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:	d. Period Begin Balance  dis in compliance with all applit no funds are commingled with and that I have been trained by Chardler Complex Employ  Employ  Employ	a. Financial Institution I  a. Financial Institution I  b. Purpose  cable provisions of Arti prohibited or other non the NC State Board of F  Aur Co  atture of Appointed Treasu  ee: ee:	c. Account Code  d. Period Begin Balance \$  cle 22A, 22B & 22D-22M of Chapter 163 -disclosed funds. I further certify that this Elections.  Parallel 9/36/33  Date  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed  Signer has not received			
a. Financial Institution Full Name  Louist b. Furpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  Conne And  Printed Name of Signe  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:	d. Period Begin Balance  dis in compliance with all applit no funds are commingled with and that I have been trained by Charder Comments and that I have been trained by Employ Employ Employ.	a. Financial Institution I  a. Financial Institution I  b. Purpose  cable provisions of Arti prohibited or other non the NC State Board of F  auture of Appointed Treasure ee: ee:	c. Account Code  d. Period Begin Balance  \$ cle 22A, 22B & 22D-22M of Chapter 163 -disclosed funds. I further certify that this Elections.    A   A   A   A			
a. Financial Institution Full Name  Louist b. rurpose  Campaign  CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct  Conne And Printed Name of Signe  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form can assistant to	d. Period Begin Balance  dis in compliance with all applit no funds are commingled with and that I have been trained by Charder Comments and that I have been trained by Employ Employ Employ.	a. Financial Institution I  a. Financial Institution I  b. Purpose  cable provisions of Arti prohibited or other non the NC State Board of F  An Co  atture of Appointed Treasu  ee: ee: ee: ttee information such information, or account	c. Account Code  d. Period Begin Balance \$ cle 22A, 22B & 22D-22M of Chapter 163 -disclosed funds. I further certify that this slections.  Paralle			

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

Amendment ☐ No ☐ Yes

	2. Type of l		3. ID Number
David Long Jr. For Mayor	35 3	Day	8CQ J64
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this  Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 248.50	\$248.50
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			
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)	\$ 248.50	\$ 248.50
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 207.60	\$ 207.60
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)		\$ 207.60
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 40.90	\$ 40.90
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)	\$	MADE BUTTE
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)	\$	\$ August 2009

		n Individuals		Pg	of		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			
Davi	David Long Jr. for Mayor					8CQ.	8CQ564	
	butor Informatio			Add Rem	iove			
	e, Mailing Address &	≿ Phone		b. Job Title/Profession		d. Comments	S	
	ity, state, & zip)	h. 1		Date No	1100			
	ie Chaw			e Employer's Name/Spe	Mages cific Field			
4665	5 Camp B	etty thastings	Cd.	Winston-Salem				
Walk	Lerfour NO					e. Election Sum to Date		
Walkerfaux, NC 27051			Fursyth Co. Schools		\$ 90.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	5352	cash			08/11/2	023	\$ 50.00	
	5352	Cash			09/05/2	2023	\$ 40.00	
							\$	
3. Contrib	butor Informatio	n		Add Rem	ove			
	e, Mailing Address &	z Phone		b. Job Title/Profession		d. Comments	3	
	ity, state, & zip)			1-,				
Alecia	a Judd Azalea L	N 0		c. Employer's Name/Spe	cific field			
150	Azalea L	ile Dr.						
001:5	Bury N	<u>C</u>		Retired		e. Election Sum to Date		
Jan		28146				\$	98.50	
f. Prior	g. Account Code	b. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount	
	535a	EFT			09/11/2	1023	\$ 98.50	
							\$	
							\$	
3. Contrib	butor Informatio	n		Add Rem	ove			
	e, Mailing Address &	z Phone		b. Job Title/Profession		d. Comments		
	ity, state, & zip)			Saraget				
Day	d Long Avulee	J. Sr.		c. Employer's Name/Spe	cific Field			
12960	7 Avalees	5 <del>†</del> :						
LAGAL	Kertown	INC		us Milita	marine	e. Election Su	ım to Date	
Walnet 40011,1 27051		Corp		s 60.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount	
	5352	EFT			09/08/	2023	\$ 60.00	
							\$	
							\$	
4. Total	only this Page	e				\$	248.50	
5. Total	of ALL CRO-	-1210 Pages				Φ.		

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

Amendment

Disburseme	Disbursements Pg of Yes  No					
Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political						
	coordinated party ex		_			
1. Committee Full Name (and Fund if applicable)  David Long Sr. for Mayor					2. ID Number	
3. Type of Disbu			_	-1310 forms for each t	and of Dicharasawa	8CQ564
Operating E				ates/Political Committees		ordinated Party Expenditures
4. Payee Inform				dd 🔲	Remove	
a. Full Name, Maili			b.	Coordinated Committee N		d. Comments
(include city, state,	& zip)					
Sian Re	win St. S	NC Inc.				
5.5	, AL 6	1 12 B	c.	Level Registered (Specify)		
673 6	win Jr.	owkb	닏	Federal	County:	The state of the s
Kornors	ville, NC	27284	State Municipality:		Municipanty:	e. Election Sum to Date
Med Hell	villo)	W - 00 1				\$ 192.60
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5767		$\wedge$	T	.01.1.	6142 45	
2227	credit	U		09/13/2023	\$192.60	Signs
•					\$	$\supset$
4 20 2 2				11		
4. Payee Inform			1	dd Coordinated Committee N:	Remove	d. Comments
a. Full Name, Mailin (include city, state,	_		D.	Coordinated Committee 18	ame	u. Comments
	sc zip)					
Truist		<u>.</u>	c. Level Registered (Specify)			
237 6.1	10 untain 9	22,		Federal	County:	
Kerners	Ville, NC 27281		Г	State	Municipality:	e. Election Sum to Date
••	, १८५०,	4				\$ 15.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ちててつ	7 (1)	$\circ$		20/2/2	\$ /2.60	Bank maint Fees
535 <sub>2</sub>	Mebit	Ŏ	4	08/1/12025	\$ /2.00	
5352	Debit	0		88/17/2023	\$ 3.DD	paper Starkment fee
4. Payee Inform	ation		A	dd 🔲	Remove	
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)					
				Level Registered (Specify)		
			Γ.	Federal	County:	
			Ē	State	Municipality:	e. Election Sum to Date
						\$
			L			Ф
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						\$ 207.60
6. Total of ALL CRO-1310 Pages				N Y H H H H		
,	line 13a of Detailed Sum		•			\$ 207.60
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comr (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					5- 1.00	
	es (List detailed ex		_		ires)	
A* - Media	B* - Printing	C* - Fund	-		D - To Anothe	er Candidate
E - Salaries	F* - Equipment				H* - Holding	Public Office Expenses
I - Postage	J - Penalties	K* - Offic	e E	xpenses	Q* - Donatio	n to Legal Expense Fund
O* - Other	e detailed explanati	on in required ro	2712.4	arks field (k)		

Amendment