

# Disclosure Report Cover

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

Amendment

☐ Yes

☐ No

## 1. Committee Information

|   |                 |
|---|-----------------|
| a. Full Name  | c. ID Number    |
| James Taylor for City Council                         | DCQK4Y          |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed   |
| 6445 Bannockburn Road<br>Rural Hall, NC 27045         | 01/27/2023      |
|   | e. Phone Number |
|   | 336-655-4195    |

|                |                                 |                               |                        |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2022           | 07/01/2022                      | 12/31/2022                    | Angelita Dulin         |

|   |  |  |
|---|--|--|
| 6. Type of Committee (Check One)  | 9. Type of Report (check only one type of report from one category)  | 10. Special Report Name  |
| <input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input checked="" type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |
| 7. Type of Fund (if applicable, check one)  |  |  |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:  |  |  |
| 8. Number of Fundraisers this Report  |  |  |
| 0   |  |  |

|   |                                    |
|---|------------------------------------|
| 11. Account Information                               | 11. Account Information            |
| a. Financial Institution Full Name                    | a. Financial Institution Full Name |
| Wells Fargo   |                                    |
| b. Purpose  | b. Purpose                         |
| For deposit of campaign funds and payment of expenses |                                    |
| c. Account Code                                       | c. Account Code                    |
| JT01  |                                    |
| d. Period Begin Balance                               | d. Period Begin Balance            |
| \$ 2,825.00   | \$                                 |

## 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.

Angelita Dulin

Printed Name of Signer

Signature of Appointed Treasurer

01/27/2023

Date

## FOR OFFICE USE ONLY

|                    |           |
|--------------------|-----------|
| Date Received:     | Employee: |
| Date Postmarked:   | Employee: |
| Date Scanned:      | Employee: |
| Date Data Entered: | Employee: |

### Delivery Method

- ☐ Normal Mail  
☐ Registered Mail  
☐ Hand Delivered  
☐ Electronically Filed  
☐ Signer has not received mandatory training

**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.

|   |  |                                      |  |                                  |  |
|---|--|--------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>James Taylor for City Council |  | <b>2. Type of Report</b><br>Year-end |  | <b>3. ID Number</b><br>DCQK4Y    |  |
| <b>Start of Election Cycle:</b> January 1, 2022   |  | <b>Total this Reporting Period</b>   |  | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start  |  | \$ 2,825.00                          |  | \$ 2,825.00                      |  |
| <b>RECEIPTS</b>   |  |                                      |  |                                  |  |
| 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   |  |                                      |  |                                  |  |
| 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)                                      |  | \$                                   |  | \$                               |  |
| 11 e) Exempt Purchase Price Sales (CRO-1265)  |  | \$                                   |  | \$                               |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)            |  | \$ 0                                 |  | \$ 0                             |  |
| <b>EXPENDITURES</b>   |  |                                      |  |                                  |  |
| 13) Disbursements   |  |                                      |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)  |  | \$                                   |  | \$                               |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)                        |  | \$ 1,000.00                          |  | \$ 1,000.00                      |  |
| 13c) Coordinated Party Expenditures (CRO-1310)  |  | \$                                   |  | \$                               |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)  |  | \$ 31.00                             |  | \$ 31.00                         |  |
| 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, 15, 16 and 17)                     |  | \$ 1,031.00                          |  | \$ 1,031.00                      |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)            |  | \$ 1,794.00                          |  | \$ 1,794.00                      |  |
| <b>ADDITIONAL INFORMATION</b>   |  |                                      |  |                                  |  |
| 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)   |  | \$                                   |  | \$                               |  |

# Disbursements

Pg 1 of 1

Amendment

☐ Yes ☐ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |                        |  |                      |                                |                                     |
|--|---------------------------|------------------------|--|----------------------|--------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                        |  |                      | <b>2. ID Number</b>            |                                     |
| James Taylor for City Council  |                           |                        |  |                      | DCQK4Y                         |                                     |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                           |                        |  |                      |                                |                                     |
| <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                        |  |                      |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
| Forsyth Democratic Party<br>723 Coliseum Drive NW, S. 201<br>Winston-Salem NC 27106  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$ 1,000.00                    |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
| JT01   | Check                     | O                      | 8/5/2022   | \$1,000.00           | donation                       |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
|  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$                             |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                      |                                |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                        | <b>b. Coordinated Committee Name</b>   |                      | <b>d. Comments</b>             |                                     |
|  |                           |                        |  |                      |                                |                                     |
|  |                           |                        | <b>c. Level Registered (Specify)</b>   |                      |                                |                                     |
|  |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      |                                |                                     |
|  |                           |                        |  |                      | <b>e. Election Sum to Date</b> |                                     |
|  |                           |                        |  |                      | \$                             |                                     |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>     | <b>k. Required Remarks</b>     |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
|  |                           |                        |  | \$                   |                                |                                     |
| <b>5. Total only this Page</b>   |                           |                        |  |                      | \$ 1,000.00                    |                                     |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                        |  |                      |                                |                                     |
| <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>  |                           |                        |  |                      | \$ 1,000.00                    |                                     |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>  |                           |                        |  |                      |                                |                                     |
| 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)   |                           |                        |  |                      |                                |                                     |

## Aggregated Non-Media Expenditures

Page 1 of 1

**Amendment**  
☐ Yes ☐ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

| 1. Committee Full Name (and Fund if applicable)                    |                 |                      |                                      |                      |           | 2. ID Number        |
|--|-----------------|----------------------|--------------------------------------|----------------------|-----------|---------------------|
| James Taylor for City Council                                      |                 |                      |                                      |                      |           | DCQK4Y              |
| 3. Payee Information   |                 |                      |                                      |                      |           |                     |
| a. Amend   | b. Account Code | c. Form of Payment   | d. Purpose Code                      | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    | JT01            | Draft                | O                                    | 08/05/2022           | \$ 31.00  | Bank Fee            |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove    |                 |                      |                                      |                      | \$        |                     |
| 4. Total only this Page  |                 |                      |                                      |                      | \$31.00   |                     |
| 5. Total of ALL CRO-1315 Pages                                     |                 |                      |                                      |                      | \$31.00   |                     |
| (This line must be on line 14 of Detailed Summary Page CRO-1100)   |                 |                      |                                      |                      |           |                     |
| 6. Purpose Codes (List detailed expenditure code in (d) above)     |                 |                      |                                      |                      |           |                     |
| E - Salaries   | B* - Printing   | C* - Fundraising     | D - To Another Candidate             |                      |           |                     |
| I - Postage  | F* - Equipment  | G - Political Party  | H* - Holding Public Office Expenses  |                      |           |                     |
| O* - Other   | J - Penalties   | K* - Office Expenses | Q* - Donations to Legal Expense Fund |                      |           |                     |
| * Codes require detailed explanation in required remarks field (g) |                 |                      |                                      |                      |           |                     |



Angie Dulin  
6445 Bannockburn Rd  
Rural Hall NC 27045

FORSYTH COUNTY  
BOARD OF ELECTIONS  
2022 JAN 30 PM 2:41

RECEIVED



U.S. POSTAGE PAID  
RURAL HALL, NC  
27045  
JAN 27, 2023  
AMOUNT  
\$0.87  
R2304M113824-02

RDC 99

27101

Forsyth County Board of Elections  
Campaign Finance  
2201 N Chestnut Street  
Winston-Salem NC 27101

2710134120 C015

