Disclosure Re	eport Cover
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Amendment

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		MAY STORY			
a. Full Name					c. ID Number
Fentress for					QCQZ1Z
b. Mailing Address (include City					d. Date Filed
486 N Avalor	*				07/07/2024
Winston Sales	m, NC 2710+				e. Phone Number
					336-213-1270
2. Report Year 3. Period S	start Date (mm/dd/yy)	4. Period I	End Date (mm/dd/yy)	5. Treasure	r Full Name
2024 02/18/2		06/30	1 -	- 1	Fentress
6. Type of Committee (Che					rt from one category)
Candidate Campaign PAC	Party Mu Referendum	unicipal Organizationa	State/County		Referendum
Independent Expenditure		Thirty-five da	J— ~	ionai	Organizational Pre-referendum
Legal Expense Fund		Pre-primary	First		Final
		Pre-election	Seco.	nd	Supplemental Final
	cable, check one)	Pre-runoff	Third	i	Annual
Booster Fund	_	Semi-annual	Four		☐ Special
Building Fund		Mid Yea	l	L	40 C 1 D - 2 N
Other:	l <del>,</del>	Year End Final	d		10. Special Report Name
8. Number of Fundraisers	this Report	Special	Final	ERU	
0		- 1	Special		
11. Account Information			11. Account Inform	ation	
a. Financial Institution Full Name	e		a. Financial Institution		
Traist					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
	CWFZA	ļ <sub>u</sub> o			
Committee	d. Period Begin Ba				d. Period Begin Balance
ON MINITER	\$ 5,310 .4	1-6			\$
CERTIFICATION					
I certify that the Committee of of the NC General Statutes and report is complete, true and confidence of the NC General Statutes and confidence of the NC General Statutes of the NC G	nd that no funds are cor orrect and that I have b Fre55 f Signer	mmingled with een trained by	prohibited or other nor	n-disclosed fur Elections.	2 & 22D-22M of Chapter 163 ands. I further certify that this  7 h 2024  Date
FOR OFFICE USE ONLY					
Date Received:		Employ	yee:		very Method Normal Mail
Date Postmarked:		Employ	/ee:		Registered Mail Hand Delivered
Date Scanned:		Employ	/ee:		Electronically Filed
Date Data Entered:		Employ		- 1	Signer has not received mandatory training
	stant treasurer, custoo	dian of books	ittee information such s information, or acco	unt informati	ion.

Detailed Summary Use this form to summarize all disclosure reporting forms an	ıd to total mo	netary information	Amendment  Yes No
1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
Fentrass for Forsth	Znd	Ovarter	Q < Q 212
Start of Election Cycle: January 1, 2023	_	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ 5,310.46	\$ O
RECEIPTS			RANGE THE STATE OF
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 250	\$ B 442
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			<b>经</b> 以对各价还是更多的
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			\$ 3,442
EXPENDITURES			
13) Disbursements			<b>新华级教育</b>
13a) Operating Expenditures	(CRO-1310)	\$ 1100	\$ 3440.55
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 2000	\$ 2000
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 9,48	\$ 83.47
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 467
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 3,189.48	\$ 5 991.02
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 2,450.98	\$ 2,450.98
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)	\$	TO SERVICE OF THE PARTY OF THE
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)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded  CRO-1100 NC State Boar	(CRO-1215)	\$	\$

		m Individuals lividual contributions	over \$5	Pg 0 or contributions und	of der \$50 if form CR		Amendmen Yes	_
		(and Fund if applica				2. ID Nu		
	Fentre	ss for Forsy	th				7212	
3. Contr	ributor Informati		X	Add T Re	move	40		NE IN
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	nts	
(include	e city, state, & zip)			Athana				
E	lizebeth Ha	- Key		Attorney				
1-	11 Anite Or	•		c. Employer's Name/S		+		
la.	)instan Salem	NC 2710A		Harkey Liting	gation	e. Election	Sum to Date	
M	ALL STORY	9,14 = 2,111		1	4	\$ 2		
f. Prior	g. Account Code	h. Form of Payment	i In I	Kind Description	2 Data (ann 133)			
			1, 10-1	And Description	j. Date (mm/dd/yy	уу)	k. Amount	
	CWP2+	EFT			3/1/24		\$ 25	0
							\$	
							\$	
	ibutor Informati	AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		Add Rei	move	11,134,21,11		
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)							
				c. Employer's Name/Sp	ecific Field			
				The state of the s				
						e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
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							\$	
3. Contri	ibutor Informatio	n		Add Ren	nove			
	ne, Mailing Address é			b. Job Title/Profession		d. Comment	S	
(include	city, state, & zip)							
				a Employanta Nama/S-	onidio ITSal J			
				c. Employer's Name/Sp	ecific Field			
						e. Election S	um to Date	
						\$		
. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	<b>y</b> )	k. Amount	
							\$	
							\$	
							\$	
4. Total	only this Page					\$ Z:	50	
12 12 12 12 12 12 12	of ALL CRO-							
		Detailed Cumman Dans C	DO 1100		STATE OF THE	\$ 25	0	

Aggregated	Non-Media	<b>Expenditures</b>
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Page \_\_\_\_ of \_\_\_\_

Amendment Yes No

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

		nd Fund if applica	2. ID Number			
	Fentress f	or Forsyth	QCQ2	212		
3. Payee Ir	oformation					
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Add Remove		EFT	G	04/01/2024	\$ 3.75	Service Feeto Act Bluenbyte
Add Remove	CWF24	EFT	C	04/01/2024	\$ 5.73	Service fee to Stripe for Configura
Add Remove					\$	11 00 110 11 1100 1 0000 1 0000
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Add	-				\$	
Remove  1. Total o	only this Page			1 7 - 1 - 1 - 1 - 1 - 1 - 1	\$ 9.43	
	f ALL CRO-1	315 Pages				
(This line m	ust be on line 14 of L	Detailed Summary Page			\$ 9,48	
6. Purpos	e Codes (List	detailed expendit	ture code in (d	above)		
E - Salari		Printing Equipment	C* - Fundra G - Political		Fo Another Candid Holding Public (	
I - Postag		enalties	K* - Office		Donations to Le	gal Expense Fund
O* - Oth	er					Sar Dapense r unu
* Codes 1	require detaile	d explanation in 1	required remains	ks field (g)		December 2000

Dis	bursem	ents
	<b>DUI SCIII</b>	

			-	Amendment	,
Pg	1	of	3	☐ 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 H	Full Name (a								2. ID Number
Featre	ss for	Forsz	th						QCQ212
3. Type of Disb	ursement	(Please	use separate CI	RO-1310	forms for	each ty	pe of Dist	burse	ment.)
Operating Exp		☑ Cor	tributions to Candida	ates/Politi	cal Committee	s	Coc	ordina	ted Party Expenditures
4. Payee Inform	nation				Add	Remo	ve		
a. Full Name, M	Iailing Addre	ess & Ph	one		b. Coordina	ted Com	mittee Nam	e	d. Comments
(include city, state,	, & zip)								
Fields	c for Fo	rs47	Υ,		c. Level Reg	istered (S	inecify)		
39166	recksid	Z. Cou	rt		Federal		County:		
	2. Salan				State	Ē	Municipa	ality:	e. Election Sum to Date
	817-9								\$ 500
	g. Form of Pa		h. Purpose Code	i. Date (	nm/dd/yyyy)	i. Amor	unt	k. Re	equired Remarks
CWF 24			D	1	07/2024			1	onation
1		3		72.1		\$	0-0		Charles
4. Payee Inform	nation	_		Ø	Add 🔲	Remo	ve		
a. Full Name, Mail		Phone			b. Coordinat				d. Comments
(include city, sta	-								
716	1 1	a alike	st 336-970-8	1<1	c. Level Regi	istered (S	specify)		
Campaigh	Top Ther	1	م حدا المحد الو	131	Federal		County:		
331 CATO	oline hise	le			☐ State		Municipa	dity:	e. Election Sum to Date
Winsten Sc	$km, D \subset Z$	7104							\$ 500
f. Account Code	g. Form of Pa	vment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	i. Amor	ınt	k. Re	quired Remarks
	Debit Ce		À	1	7/2024	-00			onat, on
						\$			
4. Payee Inforn	nation			P	Add	Remov	ve		
a. Full Name, Mail		Phone			b. Coordinat	ed Comn	nittee Name	T	d. Comments
(include city, stat	te, & zip)								
1. t. F - V	Clarie	336-	624-5115						
VOI2 105	C. cl.	J			c. Level Regi	stered (S			
455 Carol					Federal	느	County:	1	
Winston Sa	BM, NG Z	1104			State		Municipa	lity:	e. Election Sum to Date
									\$ 500
f. Account Code	g. Form of Pa	yment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amou	ınt	k. Re	quired Remarks
CWF24	Dabit CA	.1.	0	03/0	7/2024	\$50	0	B	onut.in
	20,00				1,000,1	\$			
5. Total only th	is Page	-				ļΨ.			¢ 1 2 4
		Dagge						-	\$1500
6. Total of ALL		_	7 676 11						
			mary Page CRO-110 mary Page CRO-110						\$ 2000
			mary Page CRO-110 mary Page CRO-110					1	
			expenditure code	771		Ехрении	iui es)		
A* - Media		- Printir			indraising		D To	A not1	ner Candidate
E - Salaries		- Frintin - Equipi			itical Party				
I - Postage		Penaltic			ffice Expen	COC			g Public Office Expenses
O* Other	J -	Lilaitic	טט	K - U	шсе турен	363	Q D0	udtk	on to Legal Expense Fund
	e detailed o	vnlanati	on in required r	amarka	field (le)				
Coucs requir	t detailed t	pialiali	on mrequired r	cilial NS	Heiti (K)			_	

Disbursem Use this form to committees and	nents o report expenditures l coordinated party ex	from the commit	tee for; operating e	Pg kpenses	of of contributions to	Amendment  Yes No  candidate/political
	Full Name (and Fur			C. C.	NO DESCRIPTION	2. ID Number
	trass for Forsy					900212
3. Type of Dish	oursement (Plea	ise use separate (	CRO-1310 forms fo	r each	type of Disbursen	ient.)
Operating 1	Expenses 🔽		indidates/Political Comm			ordinated Party Expenditures
4. Payee Inform		V	Add		Remove	
	ling Address & Phone		b. Coordinated Con	mittee N	lame	d. Comments
Farsth Color	writy Democratice Dr, 5 201 len, NC 27106	eferty	c. Level Registered (	Specify)	County:	
336-546			State		Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	3 Data (mar./33/			
			i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
CWr24	Del: + Card	6	03/07/24		\$ 500	Donotin
					\$	
4. Payee Inform	nation		Add		Remove	TO SERVICE OF THE OWNER OWNER OF THE OWNER OW
a. Full Name, Mail	ing Address & Phone		b. Coordinated Com	mittee N	ame	d. Comments
			c. Level Registered ( Federal State	Specify)	County: Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	mm)	j. Amount	
	g		n Date (minitary)	737)		k. Required Remarks
					\$	
					\$	
4. Payee Inform	action		111			
	ing Address & Phone		Add Remove b. Coordinated Committee Name			d. Comments
(include city, state,			D. Coordinated Com	mittee 14	ame	u. Comments
			c. Level Registered (S	pecify)		
			Federal		County:	
			State		Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	vvl	j. Amount	k. Required Remarks
	,		a succe (minutery)	33)	_	K. Required Remarks
					\$	
					\$	
5. Total only thi					in Carily by	\$ 500
(This line goes in (This line goes in (This line goes in	CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum	mary Page CRO-1100 mary Page CRO-1100	) if Contrib to Candidate if Coordinated Party E	s/Politic	al Comm) res)	\$ 2000
	es (List detailed exp					Legisland and Literature Committee and
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic			D - To Anothe	
I - Postage O* - Other	J - Penalties		e Expenses		Q* - Donation	Public Office Expenses to Legal Expense Fund

\* Codes require detailed explanation in required remarks field (k)

<b>Disbursements</b>	Dis	bui	sem	ents
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				Amendment	,
Pg	3	of	3	☐ 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
Fantress for Forsyth							969212
3. Type of Dish	ement.)						
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures							
4. Payee Information  2 Add Remove  a. Full Name, Mailing Address & Phone  b. Coordinated Committee Name  d. Comments							
	ted Committee Nan	16	d. Comments				
(include city, state, & zip)							
Call Hub 835-350-7143					istered (Specify)		
608 175 LAC				☐ Federal	County:		
Coll Hub 855-350-7143 Gugars, Inc 2093 Philadelphia Pike #7463 Clayport, DE 19703				State	Municip	ality:	e. Election Sum to Date
							\$ 1100
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
CW = 24	Debit Coil	0	02/	27/2024	\$ 1000		Texting Services
CWF 24	Debit Cord	0	04	29/2024	\$ 100		Texting Services Texting Services
4. Payee Information							
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments							
(include city, state, & zip)							
c. Level Registered (Specify)  Federal County:							
State					County:  Municipa	ality:	e. Election Sum to Date
				State	TVI dinterp	anty.	
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
					\$		
					\$		
4. Payee Inforn	nation	9712 2002		Add $\square$	Remove		
a. Full Name, Mailing Address & Phone					ed Committee Name	e	d. Comments
(include city, state, & zip)							
c. Level Registered (Specify)							
				Federal County:  State Municipality:			T1 4 0 1 7
				State	Municipa	ility:	e. Election Sum to Date
						- 1	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks
					\$		
					\$	$\vdash$	
5. Total only th	ic Page				Ψ		ф I,
							\$ //00
6. Total of ALL CRO-1310 Pages  (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
						,	\$ 1100
(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							
							g Public Office Expenses
I - Postage J - Penalties K* - Office Expenses Q* - Donation to							on to Legal Expense Fund
O* Other							
* Codes require detailed explanation in required remarks field (k)							