

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.

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| 1. Committee Information | |
| a. Full Name FIELDS FOR FORSYTH | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 3916 CREEKSIDE COURT WINSTON-SALEM, NC 27127 | d. Date Filed 07/10/2024 |
| | e. Phone Number (336) 817-9055 |

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|-------------------------------|--|--|--|
| 2. Report Year 2024 | 3. Period Start Date (mm/dd/yy) 02/18/2024 | 4. Period End Date (mm/dd/yy) 06/30/2024 | 5. Treasurer Full Name SAMUEL TARLETON |
|-------------------------------|--|--|--|

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|--|---|--|---|
| 6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <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 <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input 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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | 10. Special Report Name | | |
| 8. Number of Fundraisers this Report 2 | | | |

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|--|-------------------------------|---|------------------------|
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name TRUIST BANK | | a. Financial Institution Full Name | |
| b. Purpose CAMPAIGN FINANCE ACCOUNT | c. Account Code FFF | b. Purpose | c. Account Code |
| d. Period Begin Balance \$ | | 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

Kendall Fields [Signature] 07/10/2024
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 |
| Date Postmarked: _____ | Employee _____ | |
| Date Scanned: _____ | Employee _____ | |
| Date Data Entered: _____ | Employee _____ | <input type="checkbox"/> 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.