	over					Amendment Yes	M	T ₂
Disclosure Report Co Use this form for general report		nformation,	must be signe	ed and sub	nitted alor	ng with other de	tailed fo	orms.
Do not use this form to update			-					
1. Committee Information		BU TWO W			Shu ah			1.1.7
a. Full Name						c. ID Number		
Raif Walters f		Commi	solones			90075		
b. Mailing Address (include City, Sta						d. Date Filed - 5	Ignul A	pot
5185 Ashlya Drive Winston Salem: A	と				_	1/24/20		•
Winston Salemin	127106					e. Phone Number	,	
							7001	Α
2. Report Year 3. Period Star	t Date (mm/dd/vv)	1 Period	End Date (m	1334-1 5	Tragellr	336 - 528 - er Full Name	200	J
							-~/	
			1-207			geneWalt		
6. Type of Committee (Check					pe of repo	ort from one cate	egory)	Mil
		inicipal		County		Referendum		
	eferendum	Organizationa		Organization	al	Organization		
Independent Expenditure Jos	int Fundraiser	Thirty-five da	ay	Quarterly		Pre-referendu	m	
Legal Expense Fund	ᄖ	Pre-primary	片	First		Final		
F. F. S. C. C. Camplinghl		Pre-election	片	Second		Supplemental	Final	
7. Type of Fund (if applicable	e, check one)		片	Third		Annual		
Booster Fund		Semi-annual	1	Fourth		Special		
Building Fund	받	Mid Yea		Semi-annual			7.7	
	ᄖ	Year En	d 📙	Mid Ye		10. Special Re	port Na	ame
Other:	D (Year Er	ıd			
8. Number of Fundraisers this	s Report	Special		Final				
				Special			D2	in and
11. Account Information	THE WAY STATE		11 Agggress	t Informa			-	
			11. Accoun	t miloi illa	non		100	3
a. Financial Institution Full Name			a. Financial I				P-3	3
a. Financial Institution Full Name			-			6 4 3 present	acion C	
	c. Account Code		-			c. Account Code	Strange stellar	
TRUIST b. Purpose	c. Account Code		a. Financial I			e e	3	
TRUIST b. Purpose	#1		a. Financial I			c. Account Code	TO	11
TRUIST	# 1 d. Period Begin Ba	alance	a. Financial I			e e	TO	
TRUIST b. Purpose	#1	alance	a. Financial I			c. Account Code	TO	
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truist b. Purpose Campaga CERTIFICATION	d. Period Begin Ba \$	e with all appl nmingled with	a. Financial II b. Purpose icable provision prohibited or	ons of Articion for	ll Name e 22A, 22H	c. Account Code d. Period Begin B: \$	alance Chapter	163
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b. Purpose Campaga CERTIFICATION I certify that the Committee or Fund of the NC General Statutes and the report is complete, true and correspond in the Name of Signal Printed Name	d. Period Begin Base of the second is in compliance that no funds are concept and that I have be at the second of	e with all appl nmingled with een trained by Sig	icable provision prohibited or the NC State L. Walts mature of Appointed the Appointe	ons of Artic other non-c Board of El	e 22A, 22I lisclosed fuections.	c. Account Code d. Period Begin Base 3 & 22D-22M of ounds. I further ceruivery Method Normal Mail Registered Mail	Chapter tify that	163
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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
Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment
Yes

	of Report	3. ID Number
Ralf Walters For Country Commissioner TE:		9CQ75S
Start of Election Cycle: January 1, 2023	Total this Reporting Perio	Total this Election Cycle
4) Cash on Hand at Start	\$	\$ 👄
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-12	05) \$	\$
6) Contributions from Individuals (CRO-12	10) \$ 1,100	\$ 1,100
7) Contributions from Political Party Committees (CRO-12		\$
8) Contributions from Other Political Committees (CRO-12	30) \$	\$
9) Loan Proceeds (CRO-14	10) \$	\$
10) Refunds/Reimbursements to the Committee (CRO-12	40) \$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-12.	50) \$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-12.	50) \$	\$
11c) Outside Sources of Income (CRO-12.	50) \$	\$
11d) Legal Expense Fund - Other Sources (CRO-12:	70) \$	\$
11e) Exempt Purchase Price Sales (CRO-12e)	(5) \$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 1	1e) \$ 1,100	\$1,100
<u>EXPENDITURES</u>		
(3) Disbursements		
13a) Operating Expenditures (CRO-13)	(0) \$ 363,78	\$363.78
13b) Contributions to Candidates/Political Committees (CRO-13)		\$
13c) Coordinated Party Expenditures (CRO-13)	0) \$	\$
4) Aggregated Non-Media Expenditures (CRO-13)	(5) \$	\$
5) Loan Repayments (CRO-142	0) \$	\$
6) Refunds/Reimbursements from the Committee (CRO-132	0) \$	\$
7) In-Kind Contributions (CRO-151	0) \$	\$
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 1	7) \$ 363.78	\$363,78
9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line		\$736.22
ADDITIONAL INFORMATION		
0) Non-Monetary Gifts Given to Other Committees (CRO-133	0) \$	
1) Outstanding Loans (incl. ones from other campaigns) (CRO-143	9) \$	ASSESSED FOR THE
2) Debts and Obligations owed by the Committee (CRO-161)	9) \$	
3) Debts and Obligations owed to the Committee (CRO-162)	9) \$	
4) Account Transfers Within the Committee (CRO-172)	9) \$	
5) Administrative Support (CRO-1716	9) \$	\$
6) Forgiven Loans (CRO-1440	\$	\$
7) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
8) Contributions to be Refunded (CRO-1215)	\$	\$

Use this	form to report ind	lividual contributions	over \$5	50 or contributions un	nder \$50 if form C	RO 1205 is 1	not used		
1. Committee Full Name (and Fund if applicable)							2. ID Number		
Ra	if Walters.	for Country C	orno	nissioner			755		
3. Conti	ributor Informati	ion		Add R	emove	DE PURE			
a. Full Na	me, Mailing Address	& Phone	1	b. Job Title/Professio	ur	d. Comme	nts		
(include city, state, & zip)				Freelance W	riter				
4.4.	FE. Walt	·		c. Employer's Name/s	Specific Field				
518	5 Ashlyn	A.(223A	1-	Self-Emp	loued				
Wil	iston Jaken	NNC 2710	VP.			e. Election	Sum to Date		
f. Prior	g. Account Code	h Form of Dormont	: T- 1	Wind Daniel (I			00.00		
7. 1 1 1 1 1	g. Account Code	h. Form of Payment	1. 111-1	Kind Description	j. Date (mm/dd/y		k. Amount		
	1	EFT			12/01/20	१ २३	\$500,00		
							\$		
							\$		
	ibutor Informatio			Add Re	move		WE TO FEE THE WITH		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its		
	city, state, & zip)			VPFOWA	ier				
	n Andrao			c. Employer's Name/S		-			
	o Knob Vie					-			
Winston Salem. NC 27106				Andraos Br	tothers com)	e. Election Sum to Date		
					- 1	e. Election S	um to Date		
					-	e. Election S	Sum to Date		
f. Prior	g. Account Code	h. Form of Payment		Kind Description	j. Date (mm/dd/y)	e. Election S			
f. Prior	g. Account Code					e. Election S \$ 3	Sm. 90		
f. Prior	g. Account Code	h. Form of Payment			j. Date (mm/dd/y)	s 3	k. Amount		
f. Prior	1	h. Form of Payment			j. Date (mm/dd/y)	s 3	k Amount \$ 50.00		
	1	h. Form of Payment Cash Check		Kind Description	j. Date (mm/dd/y)	s 3	k. Amount \$ 50.00		
3. Contri	1 L butor Informations, Mailing Address &	h. Form of Payment Cash Check		Add Rei	j. Date (mm/dd/y) 12 11 20 12 15 20 move	s 3	k. Amount \$ 50.00 \$250.00		
3. Contril	1 butor Informatione, Mailing Address & zity, state, & zip)	h. Form of Payment Cash Check Phone		Kind Description Add Rei	j. Date (mm/dd/y) 12 11 20 12 15 20 move	\$ 3 7799) 23	k. Amount \$ 50.00 \$250.00		
3. Contril	1 butor Informatione, Mailing Address & zity, state, & zip)	h. Form of Payment Cash Check Phone		Add Report Tasus	j. Date (mm/dd/y) 12/11/20 12/15/20 move	\$ 3 7799) 23	k. Amount \$ 50.00 \$250.00		
3. Contril	1 butor Informatione, Mailing Address & zity, state, & zip)	h. Form of Payment Cash Check Phone		Add Rei b. Job Title/Profession Heath Insur	j. Date (mm/dd/y) 12 11 20 12 15 20 move	\$ 3 7799) 23	k. Amount \$ 50.00 \$250.00		
3. Contril	1 butor Informatione, Mailing Address & zity, state, & zip)	h. Form of Payment Cash Check Phone		Add Report Tasus	j. Date (mm/dd/y) 12 11 20 12 15 20 move	e. Election S \$ 3 /yyy) 2 3 d. Comment	k. Amount \$ 50.00 \$250.00 \$		
3. Contril	1 butor Informatione, Mailing Address & zity, state, & zip)	h. Form of Payment Cash Check		Add Rei b. Job Title/Profession Heath Insur	j. Date (mm/dd/y) 12 11 20 12 15 20 move	e. Election S	k. Amount \$ 50.00 \$ 250.00 \$ amount		
3. Contril 2. Full Nam (include of	1 butor Informatione, Mailing Address & zity, state, & zip)	h. Form of Payment Cash Check Phone	i. In-K	Add Rei b. Job Title/Profession Heath Insur	j. Date (mm/dd/y) 12/11/20 12/15/20 move conce Sa/25 ecific Field	e. Election S d. Comment e. Election S \$ / 0	k. Amount \$ 50.00 \$250.00 \$ sum to Date 0.00		
3. Contril 2. Full Nam (include of	butor Information a, Mailing Address & city, state, & zip) ARI Zigle LISSA And TON Scalence	h. Form of Payment Cash Check Phone W AND 27104	i. In-K	Add Resolution Add Resolution Resolution	j. Date (mm/dd/y) 12 11 20 12 15 20 move	e. Election S d. Comment e. Election S \$ / 0	k. Amount \$ 50.00 \$250.00 \$ sum to Date 0.00 k. Amount		
3. Contril 2. Full Nam (include of	butor Informatione, Mailing Address & city, state, & zip) AND ZIGI	h. Form of Payment Cash Check Phone NC 27164 h. Form of Payment	i. In-K	Add Resolution Add Resolution Resolution	j. Date (mm/dd/y) 12/11/20 12/15/20 move carl Sq. 25 ecific Field place j. Date (mm/dd/yy)	e. Election S d. Comment e. Election S \$ / 0	k. Amount \$ 50.00 \$250.00 \$ sum to Date 0.00		
3. Contril	butor Informatione, Mailing Address & city, state, & zip) AND ZIGI	h. Form of Payment Cash Check Phone NC 27164 h. Form of Payment	i. In-K	Add Resolution Add Resolution Resolution	j. Date (mm/dd/y) 12/11/20 12/15/20 move carl Sq. 25 ecific Field place j. Date (mm/dd/yy)	e. Election S d. Comment e. Election S \$ / 0	k. Amount \$ 50.00 \$250.00 \$ um to Date 0.00 k. Amount \$ 100.00		
3. Contril a. Full Nam (include of the contril) OOB Winst	butor Informatione, Mailing Address & city, state, & zip) AND ZIGI	h. Form of Payment Cash Check Phone NC 27164 h. Form of Payment	i. In-K	Add Resolution Add Resolution Resolution	j. Date (mm/dd/y) 12/11/20 12/15/20 move carl Sq. 25 ecific Field place j. Date (mm/dd/yy)	e. Election S d. Comment e. Election S \$ / 0	k. Amount \$ 50.00 \$ 250.00 \$ um to Date 0.00 k. Amount \$ 100.00 \$		
3. Contri a. Full Nam (include of NICA NOOB WINST	butor Information ie, Mailing Address & city, state, & zip) ACLISSA AND SWIGHT	h. Form of Payment Cash Check Phone No LN No 27104 h. Form of Payment Check	i. In-K	Add Resolution Add Resolution Resolution	j. Date (mm/dd/y) 12/11/20 12/15/20 move carl Sq. 25 ecific Field place j. Date (mm/dd/yy)	e. Election S d. Comment e. Election S \$ / 0	k. Amount \$ 50.00 \$250.00 \$ sum to Date 0.00 k. Amount \$ 100.00		

Contributions from Individuals

Amendment

		om Individuals		P.	g <u>2</u> o	2_	Amendme Ye	2
1 Com	mittee Full Name	dividual contributions	oblo)	or contributions un	der \$50 if form C	2. ID Nu		
1. Committee Full Name (and Fund if applicable) Ralf Walters for County Co								NAME OF TAXABLE PARTY.
			Hy Co	ommissione	2C	906	275 3	j
	tributor Informat			Add R	emove	1100000		DY RIVE
	ame, Mailing Address	s & Phone		b. Job Title/Profession	n T	d. Comme	nts	
	le city, state, & zip)			Real Es	tate			
1 1 10	AND WITH	st.		c. Employer's Name/S				
2	Drogon S	0 .		Self-en				
CUI	ral Hall	NC 27045		- 0 3/1 - 0/1	sprodeci	e. Election	Sum to Date	
						\$ 7	00.00)
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	check			12/20/	2023	\$ 200	00.E
							\$	
							\$	
3. Cont	ributor Informat	ion		Add Re	move	Silve TE) (Zasa Hain
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(includ	e city, state, & zip)							
				c. Employer's Name/S	and Till			
				c. Employer s Name/s	pecific Field	-		
						e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Ren	nove	Bishi	La Silvania	Signic 28
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	S	
(include	city, state, & zip)							
				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	/y)	k. Amount	
							\$	
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							\$	
. Total	only this Page	e e e e e e e e e e e e e e e e e e e				\$ 2	-00,00	3
. Total	of ALL CRO-	-1210 Pages	T FYE			4	100	
		Detailed Summary Page Cl	RO-1100)		Durk Almi	\$ 1,	100.0) V

				_	Ame	ıdment	\	
Disbursements	Pg	<u>i</u>	of	2		Yes	×	N
Use this form to report expenditures from the committee for operating ex	nenses	contribution	se to	candida	te/nolit	ical		

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

	Full Name (and Fu				2. ID Number 9 C Q 75 S
	alters for Co	unty Comm	nssioner		9CQ755
3. Type of Disl	- American	ase use separate (CRO-1310 forms for each i	ype of Disbursem	ent.)
Operating:	Expenses	Contributions to Ca	andidates/Political Committees	☐ Co	ordinated Party Expenditures
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state	, & zip)				
Face. Ha	County Boa	colat			
Locadin	County Du	14 01	c. Level Registered (Specify)		1
Nect	10112		Federal T	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 275.00
					\$ 213.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Chack	0	12/4/2023	6775 M	Filingtee
	CHOCK		12/1/2073	a 513.00	111112
				\$	
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	, & zip)				
Square	INC.				
in Crinn	1.1.4		c. Level Registered (Specify)		
1422 1010	TE TENTIL	600	Federal	County:	
Santia	inlet St. St ncisco, GA	94103-1337	State	Municipality:	e. Election Sum to Date
		. (100			0 8 4 7 4
b. 1 (112)	375-3176				\$ 10.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	0	12/15/2023	\$10.70	For accepting a redit
上	Courd	0	12/13/2022	\$10,10	card donathans
				\$	
				Ψ	
4. Payee Inform			Add		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	d. Comments	
(include city, state,	& zip)				
Ionos	The.				
			c. Level Registered (Specify)		
100N 18	sth St.		Federal	County:	
Philadel	phia, PA 19	103	State	Municipality:	e. Election Sum to Date
DIN (HKU)	1-54-5555				\$ 13,50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Courd	0	12/18/2023	\$13.00	Domain Registration
ملہ			1.11.010.01	Ψ 0.00	
				\$	
				Y	- 0 0
5. Total only thi			nd te v gles traplat		\$ 298.70
	CRO-1310 Pages				
	line 13a of Detailed Sum	-			\$363.78
			if Contrib to Candidates/Politica	·	
			if Coordinated Party Expenditur	res)	
	es (List detailed exp		the state of the s		
A* - Media E - Salaries	B* – Printing F* – Equipment	C* - Fund G - Politic		D - To Another	
I - Postage	J - Penalties		ai Farty e Expenses		Public Office Expenses to Legal Expense Fund
O* - Other	- I MAINON	AL OMIC	Powbon	6 - Donumen	co regai Expense I unu
	e detailed explanati	on in required re	marks field (k)	EDH A LIBERT TO THE PARTY OF	Imp.

Disbursements

Pg 2 of 2 Amendment Yes X 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
Rolf W	alters to c	outry Comm	11551 DIVER		902755
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for each t	ype of Disbursen	nent.)
Operating I	Expenses	Contributions to Car	ndidates/Political Committees	Co	oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
Commist D	hetal				
2010	100 Core	260	c. Level Registered (Specify)		
Goin' Postal 5335 Robinhood Village Winston Salem NC 27106			Federal T	County:	
Winiton	Sobern NC 2	71106	State	Municipality:	e. Election Sum to Date
701.01.0				manopanty.	
					\$65,08
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	0	12/29/2023	\$ 37.45	Business cards Laminated Sists
1	Debit Card	0	12-29/2023	\$27.63	Laminated Siss
4. Payee Inform	aation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
^	***************************************				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
				·. ·	\$
f. Account Code	- Form of Boundary	h. Purpose Code	: D-4- (
I. Account Code	g. Form of Payment	n. I ui pose code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	1		D:		
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only thi	s Paga				\$ 65 68
	CRO-1310 Pages				\$ 45.08 \$ 363.18
	line 13a of Detailed Sum	mary Page CRO_1100	if Onerating Evnenses		212 25
_			if Contrib to Candidates/Politica	d Comm)	\$ 200. 18
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	es (List detailed exp				
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate
E - Salaries	F* - Equipment	G - Politica			Public Office Expenses
I - Postage	J - Penalties	K* - Office			to Legal Expense Fund
O* - Other					
* Codes require	detailed explanation	on in required re	marks field (k)		