Disclosure								Amendment  Yes  No
Use this form fo	r general report	and committee	informat	ion, n	nust be	signed and s	ubmitted alo	ong with other detailed forms.
Do not use this f	form to update in	aformation.						
1. Committee In	nformation		I PRIO	JW L	1500			
a. Full Name								c. ID Number
	alters for		ommo	।४४।	ionef	<u> </u>		969755
b. Mailing Address								d. Date Filed
5185 As	ihlyn Do Salem N							17-8-2024
Winston	Saliem N	C 27106						e. Phone Number
								336-528-3880
2. Report Year								er Full Name
2024	2-18-2				1202			igone Walters
6. Type of Com				f Repo	ort (ch		e type of rep	ort from one category)
Candidate Cam			unicipal			State/County		Referendum
PAC		erendum	Organiz			Organiza		Organizational
_	penditure 🔲 Join	t Fundraiser	Thirty-f	•	,	Quarterly		Pre-referendum
Legal Expense	Fund	I⊨	Pre-prin	•		Firs		Final
7 True of Fund	/'C . 1: 11	, , ,	Pre-elec			Seco		Supplemental Final
7. Type of Fund	(if applicable,	check one)				Thir		Annual
Booster Fund Building Fund		l-	Semi-an		1	Four		Special Special
Bullding rund		<del> -</del>		id Year		Semi-ann		40.00 4.30
Other:		<del> </del>	=	ear End			Year	10. Special Report Name
8. Number of Fu	androisons this	Donaut	Final			_	r End	₩ = 1
	moraisers unis	Keport	Special			Final		(2)
<u></u> →						Special		
11. Account Info					11. Acc	count Inform	nation	
a. Financial Institut	ion Full Name			8	a. Financ	cial Institution	Full Name	
Truist								
b. Purpose		c. Account Code			b. Purpo	se		c. Account Code
Campaia	5	1						
		d. Period Begin B	alance					d. Period Begin Balance
		\$ 413.87	_					
CERTIFICATION	ON							
of the NC General report is completed	al Statutes and tha e, true and correc	at no funds are con t and that I have b	mmingled	d with p	prohibite	ed or other no	n-disclosed fu	B & 22D-22M of Chapter 163 ands. I further certify that this
Karts	Eugene	Walter	Ray	15	ENGL	ne Wal	ton	7/8/2024
The second secon				S an	ature of /	Appointed Treas	surer	5
FOR OFFICE U	inted Name of Sign	er		Sign		Teponited Trea	Julion	
CONTRACTOR		er		Sign		The state of the s		
Date Receive	JSE ONLY	er	En	nploye	ee: _	appointed Trea		ivery Method Normal Mail
	USE ONLY	er						
Date Receive	rked:	er	En	nploye	ee: _	- FFORMED TEN		Normal Mail Registered Mail

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 ₩ No

Ralf Walters for Commissiones	Rep <b>Q</b> O	arter	3. ID Number 9CQ75 S	
Start of Election Cycle: January 1, 2023		Ť	Total this	Total this
4) Cash on Hand at Start		_	Reporting Period	
RECEIPTS	a Carde de la	\$	413.82	\$1,150.04
AND TO AND POLICE AND ADDRESS	(CRO-1205)	\$		Φ.
Collection company (French to programs is a French Collection of the Collection of t		-	<b>A</b> = <b>a</b>	\$
The Control of the Co	(CRO-1210)	\$	700	\$2,934.70
	(CRO-1220)	\$		\$
madelegijah, har likki returmenta ses om minompraviser stressed til skilptiolegiskeholesternisen som skilptiolegiskeholesternisen.	(CRO-1230)	\$		\$
	(CRO-1410)	\$		\$
والمناسقة والمراقب المراقب الم	(CRO-1240)	\$	378.26	\$3,312.96
11) Other Receipt Sources	THE PLANE AND ADDRESS OF THE PROPERTY STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,			
	(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)	\$		\$
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11	ld and 11e)	\$	1,078.26	\$ 3312.96
EXPENDITURES		W		
3) Disbursements				
13a) Operating Expenditures (	CRO-1310)	\$	322.50	\$ 2,143.38
13b) Contributions to Candidates/Political Committees (	CRO-1310)	\$	75.00	\$ 75.00
13c) Coordinated Party Expenditures (	CRO-1310)	\$		\$
4) Aggregated Non-Media Expenditures (0	CRO-1315)	\$	464.76	\$ 464.76
5) Loan Repayments (0	CRO-1420)	\$		\$
6) Refunds/Reimbursements from the Committee (6)	CRO-1320)	\$		\$
7) In-Kind Contributions (6	CRO-1510)	\$		\$
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$	862,26	\$ 2,683.14
9) Cash on Hand at End (Add lines 4 and 12 together, then subtra		\$	629.82	\$ 629,82
DDITIONAL INFORMATION		SH.	Mr. S.F. A. P.	
The second of th	CRO-1330)	\$		
1) Outstanding Loans (incl. ones from other campaigns) (6	CRO-1430)	\$		
2) Debts and Obligations owed by the Committee (C	CRO-1610)	\$		
3) Debts and Obligations owed to the Committee (C	RO-1620)	\$		
Account Transfers Within the Committee (C	(RO-1720)	\$		
5) Administrative Support (C	(RO-1710)	\$		\$
) Forgiven Loans (C	RO-1440)	\$		\$
) 48-Hour Notice Reports Sum (CI	RO-2220)	\$		\$
Contributions to be Refunded (CF	RO-1215)	\$		\$

		m Individuals	over \$5	Pg 50 or contributions und		or <u>Z</u> RO 1205 is n	Amendment  Yes No not used
		(and Fund if applica		254 500 018		2. ID Nu	
Ralf	Walters for	or Country Con	nmi:	ssioner		900	155
	ibutor Informatio				move		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its
	city, state, & zip)			Rethed			
Edw	ord Maho 4 Gooseber 5, DE 1993	iney		c. Employer's Name/Sp	pecific Field		
1012	4 (2002)	TON TON				e Election	Sum to Date
LEWE	3) 06 1445	5.6				\$ 10	
f Drien	a Assaunt Code	h Form of Down and	1 . T-	Wind Description	1.5.4.4.49		_
f. Prior	g. Account Code	h. Form of Payment	1. 1n-1	Kind Description	j. Date (mm/dd/y		k. Amount
	1	check			02/21/20	24	\$100
							\$
							\$
	ibutor I <mark>nformati</mark> o			Add Rer	move		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts
	city, state, & zip)			President			
Scot	H BOWEN	- 11		c. Employer's Name/Sp	ecific Field		
4104	t Ryan Wa	y South					
WW	ston Salem	., NL 27106		Bower Town &	Cooking	e. Election S	
				101 W 101	•	\$ 50	0
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount
	1	EFT			02/28/2	1024	\$50
							\$
							\$
	butor Informatio				nove		
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comment	ts
	city, state, & zip)	* 1		Seit-Emplo	uecl		
NICK	- Dell Agi	sila		c. Employer's Name/Sp		-	
786	-Dell'Aqu Reaford Honsalemin	Mad		1 V			
121124	ma Saloma 1	40104				e. Election S	um to Date
	(Or) Schools (					\$	50
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount
	1	EFT			02/29/2	024	\$50
							\$
							\$
4. Total	only this Page	e				\$ 2	-00
5. Total	of ALL CRO-	-1210 Pages				671	
(This line	must be on line 6 of 1	Detailed Summary Page Cl	RO-1100	9)		\$ 70	)0

		m Individuals	over \$5	0 or contr	P ibutions un		of form CR	O 1205 is no	Amendmen Yes	·—/
		(and Fund if applica		B 3/				2. ID Nun		
Raif	Walters for	c County Comin	nissin	oner				9027	55	
	ibutor Informati			Add		emove				
	me, Mailing Address city, state, & zip)	& Phone			itle/Professio	n		d. Comment	ts	
^ `				044	rces					
30111	n Andrae E Kinnam	77		c. Emplo	yer's Name/S	Specific Fie	eld			
2/20	> KINNAM	on Kd 1, NC 27104		Inte	rstate(	3-11f	Co	e. Election S	um to Date	
W1	ston Doven	1. NC 27104								
6 Dadan	T. A. 40 1	L D CD	1					\$50		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption	1	e (mm/dd/yy	уу)	k. Amount	
	1	EFT				03	21/20	24	\$500	)
								=	\$	
									\$	
	ibutor Informatio			Add		emove				
	ne, Mailing Address o city, state, & zip)	& Phone		b. Job Ti	tle/Profession	1		d. Comment	S	
(metade	only, state, at hip)									
				c. Emplo	yer's Name/S	pecific Fie	eld			
								e. Election Si	um to Date	
								\$	um to Date	
f. Prior	g. Account Code	h. Form of Payment	2 T. T	(I-1D1		1.57	( (73)		1	
7.1101	g. Account Code	n. Form of Fayment	1. III-F	Kind Descrip	ption	J. Date	e (mm/dd/yyy	yy)	k. Amount	
									\$	
									\$	
3 Contri	butor Informatio	in the second se		Add	☐ Po	move			Φ	
	ie, Mailing Address &			_	tle/Profession			d. Comments		
(include	city, state, & zip)									
				c Employ	yer's Name/S	nooifia Viol	ld			
				c. Employ	yer sivame/s	pecine Fier	ia			
							Ì	e. Election Su	ım to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	otion	j. Date	(mm/dd/yyy	у)	k. Amount	
									\$	
									\$	
									\$	
4. Total	only this Page	e						\$ 50	oro	
5. Total	of ALL CRO	-1210 Pages	DO TICO					s 70		

Refunds/Rei					g <u>J</u>	of		Amendment  Yes  No	
1. Committee Fu				r reimbursement	s for a	previous ex			
2		fac Co	1 0	NWR300	100			D Number	
3. Contributor In			T	Add Re				CQ 15.5	
a. Full Name, Mailing	PROPERTY OF THE PROPERTY OF THE PARTY OF THE		VEN TO THE	d. Type of Comm			g. (	Comments	
(include city, state, North, Ca		· Pan whi	Dant.	Candidate Referendum		PAC Party		id not attend	
1001111	· Laco	~ INCHOLIN	ican rang	e. Level Register	ed (Sp	ecify)	h. (	Original Expenditure Date	
1506. Hills Raleigh		Federal State		County: Municipality:	0	15/24/2024			
_ U		-6423	2					riginal Expenditure Amt	
							*	79,50	
b. Job Title/Profession	A	c. Employer's Na	ame/Specific Field	f. Purpose			j. E	lection Sum to Date	
k. Account Code	1 Parms	A 70			1			79.50	
		of Payment	m. In-Kind Desci	ription	n. Da	ate (mm/dd/yy	yy)	o. Amount	
1.		eck			_		4	\$ 75.00	
3. Contributor In	The second secon	CASE OF THE PARTY			move				
a. Full Name, Mailing (include city, state,		Phone		d. Type of Comm	-	D.C.	.507	omments	
				Candidate PAC Referendum Party		PAC Party	6	us Expured reimbursed	
Kalit Wal	4517			e. Level Registered (Specify)				riginal Expenditure Date	
Raif Wal 5185 Ash Winston	idn Du	T	A 4	☐ Federal	-	County:	3/15,3/26,4/8,3		
Winston?	Maloc	, NC LTIC	26	State		Municipality:			
336-528-	3880						i. O	riginal Expenditure Amt	
b. Job Title/Profession		There is a sale No.	. 201 . A 204 . 12 19 . 14 . 15				_	303.26	
0. JOB PROCEEDICSON		c. Employer's Na	me/Specific Field	f. Purpose	211			ection Sum to Date	
k. Account Code	l. Form of	e Tarragant	- 1- V2-4 B	A	1 -			303,26	
			m. In-Kind Descr	iption		te (mm/dd/yy		e. Amount	
1		eck			00	126/20	24	\$ 303,26	
3. Contributor Inf			夏秋湖 迎夏	Add Rer	move		elii)	Charles Harris	
a. Full Name, Mailing		Phone		d. Type of Commi			g. Co	omments	
(include city, state, &	c zip)			Candidate	=	PAC			
				Referendum		Party	- 0		
				e. Level Registered	_	County:	h. O	riginal Expenditure Date	
				State		County: Municipality:			
							i. Or	iginal Expenditure Amt	
T to recent Programme							\$		
. Job Title/Profession		c. Employer's Nar	ne/Specific Field	f. Purpose	m		j. Ele	ection Sum to Date	
and w		To the Season Swinson	•				\$		
Account Code	l. Form of	Payment	m. In-Kind Descri	ption	n. Dat	te (mm/dd/yyy	у)	o. Amount	
								\$	
4. Total only th							\$	378.26	
5. Total of ALL		ALL PROPERTY OF THE PARTY OF TH	Page CRO-1100)				\$ 3	378.24	

NC State Board of Elections

December 2007

CRO-1240

## **Aggregated Non-Media Expenditures**

Page \_\_\_\_ of \_\_\_\_

Amendment 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									
Ralfl	Ualters t	or Commiss	90275	S					
3. Payee In					THE WHENDING				
a. Amend Add	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks			
Remove	1	Debit	B	02/26/24	\$ 41.73	BIZ Cards (500)			
Add Remove	1	Dubit	B	12/04/24	\$ 41.73	B12 (wds (500)			
Add Remove	1	Debit	0	03/08/24	\$ 49.02	Transportation (GAS)			
Add Remove	1	Debit	I	03/07/24	\$ 3,21	Postage			
Add Remove	1	Debit	0	03/15/24	\$ 48,34	Transportation (GAS)			
Add Remove	久	Depit	. 0	03/26/24	\$ 46.23	Transportation (GAS)			
Add Remove	1	Debit	0	04/28/24	\$ 25.09	Transportation (GAS			
Add Remove	2	Dabet	0	04/15/24	\$ 2.50	Web Hosting			
Add Remove	1	Nobit	0	04/17/24	\$ 27,00	Web Hosting			
Add Remove	1	Dubit	0	04/22/24	\$ 48.27	Transportation (GNS			
Add Remove	1	Debit	0	05/14/24	\$ 11.33	Lunch meeting			
Add Remove	1	Debit	0	05/14/24	\$ 48,57	Trumportation (GAS)			
Add Remove	1	Debit	0	05/15/24	\$ 2.50	Web Hosting			
Add Remove	1	Debit	O	45/11/38	\$ 27,00	Webstogg			
Add Remove	1	Debit	O	05/27/24	\$ 37.69	transportation (GAS			
Add Remove	1	Debit	0	05/24/24	\$ 4.50	Jorvice Fee			
Add Remove					\$				
Add Remove					\$				
Add Remove					\$				
Add Remove					\$				
	nly this Page	ALL STORY			\$464,76				
	FALL CRO-1	315 Pages etailed Summary Page	CRO-1100)		\$464,76				
	e Codes (List o	detailed expendit	ure code in (d	above)					
E - Salario I - Postago O* - Otho	es F* - J e J - Pe er	Printing Equipment enalties	C* - Fundra G - Political K* - Office	Party H* - H Expenses Q* - D	Another Candidate Iolding Public Of Conations to Legal	fice Expenses			
* Codes r CRO-1315	* Codes require detailed explanation in required remarks field (g)								

F					Amendment
Disbursem				Pg of	7 Yes No
Use this form to committees and	report expenditures coordinated party ex	from the committ	tee for; operating expe		o candidate/political
1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number
RALF Wa	Iters tor C	OHNTY CON	WHSKIDOBC		900755
3. Type of Disb			CRO-1310 forms for e	ach type of Disburse	
Operating E			ndidates/Political Committe		Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Commi	ttee Name	d. Comments
(include city, state,					
Contract	ublishing	MADGM(			_
300 803	ublishing Co + Mourtain uille, N	<t <="" td=""><td>c. Level Registered (Spe</td><td></td><td></td></t>	c. Level Registered (Spe		
1000	1000110411	20.	Federal	County:	
			State	Municipality:	e. Election Sum to Date
	-993-216				\$ 180
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
4	Debit	A	03/08/5	4 \$ 180	Advertising
		•		\$	
4. Payee Inform	nation	Review B	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commit	ttee Name	d. Comments
(include city, state,	& zip)				
TONOS	IN.				
MONTH	Ris St		c. Level Registered (Spe		
2017	SUN SUI	19103	Federal	County:	
Philade	8th St. Iphia, PA	1100	State	Municipality:	e. Election Sum to Date
484- 2	34-5555				\$ 67,50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
1	Debit	٥	03/18/24	\$ 67.50	web Hooting
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Mailir	ng Address & Phone		b. Coordinated Commit	tee Name	d. Comments
(include city, state, a	& zip)				
					_
			c. Level Registered (Spe		_
			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
	g	•	(mmuu jyyy)		15 Acquired Acmarks
				\$	1
				\$	
5. Total only thi					\$ 247,50
	CRO-1310 Pages				
	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)	N 114 1.6	\$ 322.50

7. Purpose Codes (List detailed expenditure code in (h.) above) A\* - Media B\* - Printing C\* - Fundraising

E - Salaries

F\* - Equipment

G - Political Party

K\* - Office Expenses

(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)

D - To Another Candidate

H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

I - Postage O\* - Other

J - Penalties

<b>Disbursements</b>	Dis	bu	rse	me	ents	1
----------------------	-----	----	-----	----	------	---

Pg 2 of 2 Amendment No

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

1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number		
0 77 0711							
3. Type of Disb			CRO-1310 forms for each				
Operating E		Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures		
4. Payee Inform			Add b. Coordinated Committee N	Remove	d. Comments		
(include city, state,	ing Address & Phone		b. Coordinated Committee I	Name	d. Comments		
North Cas	olina Republicasborough	un Darte					
IFAL- HI H	shannah a	gL.	c. Level Registered (Specify)				
12000 4111	2000 000.1	N 2	Federal State	County:	Election Court D		
Kaleigh	1 NC 2761	35	State	Municipality:	e. Election Sum to Date		
919-9	828-6423				\$ 75,00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Dybrt	0	05/24/2024	\$79.50	State Convention		
				\$			
4. Payee Inform	ation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee N		d. Comments		
(include city, state,	& zip)						
			c. Level Registered (Specify)				
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
			ļ.,		\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Inform	ation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee N		d. Comments		
(include city, state,							
			1				
			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 Page		SAR LANGUAGO AND	A CONTRACTOR OF THE PARTY OF TH	1575 00		
	CRO-1310 Pages			L.C. Siling Sc	13.00		
(This line goes in	line 13a of Detailed Sum		0 if Operating Expenses)		\$ 322.50		
(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)							
	es (List detailed ex			ures)			
A* - Media	B* - Printing	C* - Fund		D - To Anoth	uer Candidate		
E - Salaries	F* - Equipment				g Public Office Expenses		
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund		
O* - Other  * Codes require	e detailed explanati	on in required re	emarks field (k)	Tello - La Fall			