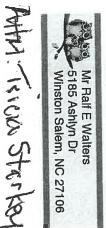
3rd Quaster 2024 Disclosure Report Cover

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.

1. Committee I	formation		120		18 -			1.3			-			
a. Full Name										c. ID Nur	nber		٦	
Ralf Walters for County Commissioner							9CQ75 5							
b. Mailing Address (include City, State and Zip Code)							d. Date Filed							
5185 Ashlyn Dr Winston Salem NC 27106							10-28-2024							
Winston Salem NC27106						e. Phone Number								
										336-528-3880			1	
2. Report Year	3. Period Start	Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasure												
2024	07-01-	01-2024 10-19				24		Ralf	EŲ	gone Walters				
6. Type of Com	mittee (Check (9. T	ype of Rep	ort (cl			type of	repo	ort from one category)				
Candidate Cam		-	Muni		.1	State/0				Referendum				
Independent Ex		Referendum Organization Joint Fundraiser Thirty-five d								I= -	nizational		н	
Legal Expense		it I undialsel		Pre-primary	y		uarterly First			Final	eferendum		1	
			_	Pre-election		lH .	Seco	nd			lemental F	inal	-	
7. Type of Fund	(if applicable,	check one)		Pre-runoff			Third			Annu		шат		
Booster Fund			— ;	Semi-annual			Fourt	th .		Speci			1	
Building Fund				Mid Yea	r	— Se	mi-annu	ıal				1		
				Year En	i		Mid '	Year		10. Spec	ial Repo	rt Name	1	
Other:	* *	_	_	Final			Year	End			6.4.3	(2)	-	
8. Number of Fi	indraisers this	Report		Special		Fi.	nal				Garage And A	5	3	
-						L S _F	ecial				17	CO		
11. Account Info					11. Acc						-			
a. Financial Institut			_		a. Finan	cial Inst	itution l	Full Nan	1 e		pur-	placed in the second of the se		
TRUIS	<u></u>										4	Princeshi Princeshi P. B		
b. Purpose		c. Account Cod	de		b. Purpo	se				c. Account	Code	ω	-	
Campaia	4									1				
d. Period Begi			n Bala	nce_						d. Period Begin Balance				
			1.8	2						\$				
CERTIFICATION	ON			_		_	_			Ψ	_		4	
I certify that the of the NC General report is complet	d Statutes and tha	it no funds are it t and that I hav	comm e bee:	ningled with n trained by	prohibit the NC	ed or ot State Bo	her non	ı-disclos	ed fu	nds. I furt	her certif	y that this		
fall 2	intel Name of Sign	oftera	k	ع معه	nature of 2	2/7	tool	211		10-	<u> 28-2</u>	024	П	
FOR OFFICE U		J1		[] Sign	lature of 2	appointe	o reast	ırer	_	_	Date	-	1	
Date Receive	d:	Employe									very <u>Method</u> Normal Mail			
Date Postmar	e Postmarked: Employ				ee.					Registered Mail Hand Delivered				
Date Scanned	l:	Employe				ee:					Electronically Filed			
Date Data En		Employe				ee:					Signer has not received mandatory training			
	2: This form car assistant	treasurer, cus	stodia	ın of books	informa	ition, c	r accor	unt info	rmat	ion.		asurer,		
Yo	u must amend t	he Statement	of O	rganization	(CRO-	2100A	E) to 1	make co	ommi	ttee chan	290			

BOALT OF ELECTRONS



PIEDMONT TRIAD AREA GREENSBORO NC 270

Forsyth Country Board of Elections
201 No. Chrostat St.
Winston Salam, NC 271101 79 OCT 2024 PM5 L

please man CSPON FOREVER / USA