

3rd Quarter 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 Information

a. Full Name Ralf Walters for County Commissioner	c. ID Number 9CQ 75 S
b. Mailing Address (include City, State and Zip Code) 5185 Ashlyn Dr Winston Salem NC 27106	d. Date Filed 10-28-2024
	e. Phone Number 336-528-3880

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 07-01-2024	4. Period End Date (mm/dd/yy) 10-19-2024	5. Treasurer Full Name Ralf Eugene Walters
-------------------------------	--	--	--

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
8. Number of Fundraisers this Report 0			<input type="checkbox"/> Special	

11. Account Information

a. Financial Institution Full Name

TRUIST

b. Purpose

Campaign

c. Account Code

1

d. Period Begin Balance

\$ 704.82

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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 of Elections.

(Ralf Eugene Walters)

Ralf Eugene Walters

Printed Name of Signer

Ralf Eugene Walters

Signature of Appointed Treasurer

10-28-2024

Date

FOR OFFICE USE ONLY

Date Received:

Employee:

Delivery Method

☐ Normal Mail

Date Postmarked:

Employee:

☐ Registered Mail

Date Scanned:

Employee:

☐ Hand Delivered

Date Data Entered:

Employee:

☐ Electronically Filed☐ 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.



Mr Ralf E Walters
5185 Ashlyn Dr
Winston Salem, NC 27106

Attn: Rick Starker

FORSYTH COUNTY
BOARD OF ELECTIONS
2024 OCT 31 AM 11:32

RECEIVED

Forsyth County Board of Elections
201 N. Chestnut St.
Winston Salem, NC 27101

GREENSBORO NC 270
PIEDMONT TRIAD AREA
29 OCT 2024 PM 5 1

As in past elections,
USPS is
If you change your address,
please mail
FOREVER / USA

27101-442001

