Disclosure Report Cover

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					c. ID Number	
Gloria D Whisenham	t For Cour	14 Commis	sloner			
b. Mailing Address (include City, Sta	te and Zip Code)			d. Date Filed	
456 N. Hau					2-21-24	
Winston-Salen	· NC ?	27/04			e. Phone Number	
2. Report Vear 2. David Ct	336-725-10	77				
2. Report Year 3. Period Star	Date (mm/dd/	yy) 4. Period	End Date (mm/dd/yy)			1 × /81
2024 01/01/20			1/2024	Timot	hy Flinchum	,
6. Type of Committee (Check (Candidate Campaign Par		9. Type of Rep	port (check only one	type of repo		y)
	ferendum	Municipal Organizations	State/County		Referendum	
☐ Independent Expenditure ☐ Join		Thirty-five da	ļ —	ional	Organizational	
Legal Expense Fund	it i unuraisei	Pre-primary	Quarterly First		Pre-referendum	
	- 1	Pre-election	Seco	nd	Final	
7. Type of Fund (if applicable,	check one)	Pre-runoff	Third		Supplemental Final Annual	Į
Booster Fund		Semi-annual	Four		Special	
Building Fund	- 1	Mid Yea			Special	
	l l	Year En	1		10. Special Report	Nama
Other:		Final	Year		10. Special Report	Name
8. Number of Fundraisers this	Report	Special	Final			
8			Special			
11. Account Information			11. Account Inform	ation	. H. A. San Sell	
a. Financial Institution Full Name			a. Financial Institution			
First Citizens	Bonk					
b. Purpose	c. Account Cod	e	b. Purpose		c. Account Code	
Checking	1				G.	30
	d. Period Begin	Balance		ŀ	d. Period Begin Balance	1
	\$ 2,701				\$	
CERTIFICATION					3 10 2	97
I certify that the Committee or Fur	nd is in complia	nga with all anni:	inable	1 004 000	כוד ביי ביי ביי	100
of the NC General Statutes and tha	it no funds are c	commingled with	prohibited or other non	cie ZZA, ZZB	& 22D-22M of Chapt	er 163
report is complete, true and correct	t and that I have	been trained by	the NC State Board of I	-aisciosea jui Flections	ids. I further certify th	at this
		120	LIGHT SILIC DOME OF	ACCHORS.	2	37
Tinothy Flinche	m	Turk	Slel		2-21-24	100
Printed Name of Signo	er	Sign	nature of Appointed Treasu	rer	Date	_
FOR OFFICE USE ONLY						
Date Received:		Employ	ree:		very Method Normal Mail	
Date Postmarked:		Employ	ree:		Registered Mail Hand Delivered	
Date Scanned:		Employ	ee:		Electronically Filed	
Date Data Entered:		Employ		n	Signer has not receive nandatory training	- 1
Please Note: This form car	not be used to	amend commi	ttee information such	as the comm	nittee address, treasu	rer,
Von must amond the	ueasurer, custo	odian of books	information, or accou	ınt informati	on.	- 1
Tou must amend to	ne statement c	11 Organization	(CRO-2100A-E) to n	nake commit	tee changes.	

Detailed Summary Use this form to summarize all disclosure reporting forms an	d to total mo	onetary information	Amendment Yes No
1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
Gloria Dwhisenhurt For County Commissioner	FirstG	lugater Plus	
Start of Election Cycle: January 1, 2021		Total this	Total this
4) Cash on Hand at Start		Reporting Period	
RECEIPTS		\$2,701.84	\$2,979.84
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	
6) Contributions from Individuals	(CRO-1210)		\$
7) Contributions from Political Party Committees	(CRO-1220)	1,130,00	\$ 4,750.00
8) Contributions from Other Political Committees	(CRO-1230)		\$
9) Loan Proceeds		27.01	\$ 24.87
10) Refunds/Reimbursements to the Committee	(CRO-1410)	\$	\$
11) Other Receipt Sources	(CRO-1240)	\$ 3.00	\$ 3,00
11a) Interest on Bank Accounts	(CDC TOTAL		S. Louis B. State St.
•	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations 11c) Outside Sources of Income		\$	\$
	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c, EXPENDITURES	11d and 11e)	\$ 4,777.87	\$ 4,777.87
13) Disbursements			
13a) Operating Expenditures			THE REPORT OF
•	(CRO-1310)	\$ 3,324.03	\$3,802.03
13b) Contributions to Candidates/Political Committees		\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 24.87	\$ 24.87
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ 3,348.90	\$ 3,626.90
19) Cash on Hand at End (Add lines 4 and 12 together, then sub ADDITIONAL INFORMATION	tract line 18	\$ 4,130.81	\$ 4,130.81
	(CRO-1330)	\$	
(1) O-4-4			
A) D-late at 10111 at the second		\$	News Consider to
12) Debte and OUR P	(CRO-1610)	\$	RIEMENSAME
A A A A A A A A A A A A A A A A A A A	-	\$	
5) A Justini Augustini C		\$	
C Fandan I		\$	\$
- 40		\$	\$
0) 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$	\$
YDO 1100	of Elections	\$	\$ August 2008

Con	tributions	from Individu	als]	eg l of	3	Amendment Ves No
Use th	us form to report	t individual contribut	ions over \$50 or	contributions un	nder \$50 if form (CRO	1205 is not used
1. Co	mmittee Full Na			ID Number			
61	oria D. W	hisenhunt 1	For County Co	man issoon	er		
	ntributor Inform			Add R	emove		
	Name, Mailing Add Ide city, state, & zir			b. Job Title/Pro	fession	d. 0	Comments
	Tames E.			Retired			
	85 Yadkh	•		10	ame/Specific Field	+	
	•			Adminis			
		·C 27040		Vienna 1		e. E	Election Sum to Date
	5-945.50			VIENNO 1	in age	\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy		k. Amount
		Check			01/19/202	4	\$ 500.00
							\$
							\$
	tributor Inform			Add Re	emove		
	ame, Mailing Addi			b. Job Title/Prof	ession	d. C	omments
	de city, state, & zip			Real Es	(10		
		orester Jr		c. Employer's Na	me/Specific Field	1	
		Center Drive	-				
Clemmons NC 27012				Paragon	Properties	e. El	ection Sum to Date
	978-040					\$	250,00
_	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		k. Amount
		Check			01/30/202	4	\$ 250.00
							\$
							\$
	ributor Informa			Add Rei	move		ta 25 Marca Dan
	ame, Mailing Addro e city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. Co	mments
	ies H Per	Kins		Real Estate Investor			
80	7 N Trac	de St		c. Employer's Nar	ne/Specific Field		
WIA	ston-Sale	n NC 27101		self		e. Ele	ction Sum to Date
3.	36-831-	3737				\$	2,000,00
	g. Account Code	h. Form of Payment	i. In-Kind Descripti	on	j. Date (mm/dd/yyy		c. Amount
		Check			02/01/2020	4	\$ 7,000.20
							\$
							\$
	l only this Pa					\$	2,750.00
		O-1210 Pages				01	1,750,00
(This lin		of Detailed Summary Pag	ge CRO-1100)			φ •	1,130,0

		rom Individu		Pş		3	Amendment Ves No
Use th	us form to report	individual contributi	ons over \$50 or	contributions und	der \$50 if form C		
		me (and Fund if app				2.	ID Number
		hiserhunt fo	r County	Commissi	oner		
	tributor Inform			Add Re	move		
	Name, Mailing Addı de city, state, & zip			b. Job Title/Profe	ession	d. (Comments
	mas F			Potion A	tta-nov		
	40 Calu	· · ·		c. Employer's Na	me/Specific Field	1	
		me, st 2n NC 271	o6	RJR To	bacco Co		
J				7.5		e. E	lection Sum to Date
	6-727-0	0327				\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount
쁘		Check			01/31/202	4	\$ 500.00
							\$
							\$
	tributor Inform				nove		
	ame, Mailing Addr le city, state, & zip)	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
		tala		Doctor			
340	N Sin	tala thord Rd		c. Employer's Name/Specific Field			
		n NC 2716	· · /	Innovation			
ľ		•	,4	10.1			ection Sum to Date
	6-716-5					\$	1,000 00
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
	1	Check			01/20/20210	4	\$ 1,000 00
							\$
							\$
	ributor Informa ame, Mailing Addre			Add Ren			
	e city, state, & zip)	ss & rnone		b. Job Title/Profes	sion	d. Co	omments
	chael L	Honto		Owner			
		Saumill Read		c. Employer's Name/Specific Field			
102	JCINIAD A	16 27027		Life Sta	r	FIL	
	Lewisville NC 27023 336-945-0400				1		ection Sum to Date
			i. In-Kind Descript	ion Is	3 Dets (/33)		250.00
	T		i. in-kina Descript		. Date (mm/dd/yyyy		k. Amount
	1	Check			02/20/202	4	\$ 2 <i>50.</i> °°
							\$
							\$
	l only this Pa		Malika Maria			\$	4750.00
		O-1210 Pages					
(This lin	e must be on line 6	of Detailed Summary Pag	ge CRO-1100)		SHE HALL	Φ -	1,750.00

Use th	nis form to repor	t individual contribu	tions over \$50 or c	ontributions und	ler \$50 if form C	RΩ	1205 is not used
1. Co	mmittee Full Na	ame (and Fund if a	pplicable)		ior 450 ir form C		ID Number
Glo	rla D. Whi	senhunt For	County Con	rmissioner	_		THURSON THE PROPERTY OF THE PR
3. Con	ntributor Inform	nation		Add Re		illo.	
	Name, Mailing Add			b. Job Title/Profe	ession	d. C	Comments
	ide city, state, & zi			1,			
He	ather Par	Ker	_	Adm/1/5 c. Employer's Na	trator]	
36	90 Saddle	wood Forest m NC 2711	C+	1			
ره دن	uton-sale	m NC 2711	0 C	Vienna V	rllage	e. E	lection Sum to Date
336	-406 - 79	86			, and the second	\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy		k. Amount
	1	Check			v 8		\$ 250, 99
							\$
							\$
	tributor Inforn			Add Rer	nove		
	lame, Mailing Add			b. Job Title/Profes	sion	d. C	omments
(men-	de city, state, & zip)					
				a Translation (NY	(G 10) The con-		
				c. Employer's Nan	ne/Specific Field		
						o Flo	ection Sum to Date
						e. En	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyy	y)	k. Amount
							\$
							\$
						+	\$
3. Cont	ributor Inform	ation	Т.	Add Rem	OVA	_	
	ame, Mailing Addr			o. Job Title/Profess		d Co	mments
(includ	e city, state, & zip)			THE THE PERSON NAMED IN COLUMN	non ,	u. Co.	nunents
							- 1
				. Employer's Nam	e/Specific Field		1
					•	. Ele	ction Sum to Date
						\$	
Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	on Ii	. Date (mm/dd/yyyy	1 1.	. Amount
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							\$
							\$
						1	\$
l. Tota	al only this Pa	age		1-311-14-01-0		\$	250,00
		O-1210 Pages			A STATE OF THE STA		
		of Detailed Summary P	age CRO-1100)		W 1 W	\$4	,750.00

Contributions from Individuals

Contribut	ions from Other	Political Com	mittees P	g 1 of _	Amendment No No
	report contributions fro		eferendum or PA	C committees	
-1 .	Full Name (and Fund if				2. ID Number
Gloria D	whirenhunt fo	r County Com	rissioner		
3. Contributor	Information		Add Re		
	ling Address & Phone		b. Type of Comm		d. Comments
(include city, sta			Candidate Referendum	☐ PAC	website serup
Tolice	Krawiec For Senote	•	c. Level Register	ed (Specify)	(0515
NC	Senute		☐ Federal	County:	
			State	Municipality:	e. Election Sum to Date
			100		\$ 24.87
f. Account Code	g. Form of Payment	h. In-Kind Description	n	i. Date (mm/dd/yy	yy) j. Amount
l	In-Kind	website Sex	up costs	01/29/202	4 \$ 24,87
					\$
					\$
3. Contributor			Add Re		
	ling Address & Phone		b. Type of Comm	ittee PAC	d. Comments
(include city, sta	ite, & zip)		Referendum	☐ PAC	
			c. Level Register	ed (Specify)	
			☐ Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	n	i. Date (mm/dd/yyy	yy) j. Amount
					\$
					\$
					\$
3. Contributor				emove	
	ling Address & Phone		b. Type of Comm	ittee PAC	d. Comments
(include city, sta	ite, & zip)		Referendum	LI PAC	
			c. Level Register	ed (Specify)	
			☐ Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yyy	yy) j. Amount
					\$
					\$
					\$
4. Total only th	nis Page	Dell'en de l'anne	516 35 1		\$ 24.87
	L CRO-1230 Pages oe on line 8 of Detailed Summ	ary Page CRO-1100)			\$ 24.87

Refunds/Rein	mburs	ements To	the Comm	nittee p	- 1 of	1	Amendment	
Use this form to rep					s for a previous e	xpen	. <u>U Yes </u>	
1. Committee Full	Name (a	nd Fund if appl	licable)				ID Number	
Gloria D	Whise	inhunt For	County	Commitssio	ner			
3. Contributor Inf	ormation	1		Add Re				
a. Full Name, Mailing		Phone		d. Type of Comm	nittee	g, (Comments	
(include city, state, &				Candidate	PAC	2	A 1 h 1 1600	
First C	itize	ens Ban	K	e. Level Register			efund Bank Fee	
PO BOX	27	131		☐ Federal	County:	١.	Original Expenditure Date	
				State	Municipality:		1/04/2024	
Raleigh	NC	2/6/1					Priginal Expenditure Amt	
b. Job Title/Profession	T.	c. Employer's Nam	o/Specific Field	f. Purpose		-	3.00	
		er mitholor a riem	e special Field				lection Sum to Date	
L. AA.CA.	1				ervice change		3.00	
k. Account Code	I. Form of	Payment	m. In-Kind Desci	ription	n. Date (mm/dd/yy			
	Drat	+			01/12/202	4	\$ 3.00	
3. Contributor Info					move	no.		
a. Full Name, Mailing A (include city, state, &		?hone		d. Type of Comm		g. C	omments	
(munue city, state, or	Zip)			Candidate Referendum	PAC Party			
				e. Level Registere		b, 0	riginal Expenditure Date	
				☐ Federal	County:	11.0	riginal expenditure Date	
				State	Municipality:			
						i. Or	riginal Expenditure Amt	
						\$	\$	
b. Job Title/Profession	c	c. Employer's Name	/Specific Field	f. Purpose		j. Election Sum to Date		
						\$		
k. Account Code	L Form of 1	Payment	m. In-Kind Descri	iption	n. Date (mm/dd/yy)	vv)	o. Amount	
				_		,,,	\$	
3. Contributor Info	wmotion.			111 F B			3	
a. Full Name, Mailing A		hone		Add Rer	nove			
(include city, state, & a				Candidate	PAC	g. Co	omments	
				Referendum	Party			
				e. Level Registered		h. Or	riginal Expenditure Date	
				Federal State	County:			
				State	Municipality:	: Ori	iginal Expenditure Amt	
							Ruiai revicuone vint	
. Job Title/Profession	le.	. Employer's Name/	Cracific Field	e D		\$		
Over sales a versus		Employer Strames	эреспіс гісіа	f. Purpose	-		ection Sum to Date	
						\$		
Account Code	l. Form of P	'ayment n	n. In-Kind Descrip	ption	n. Date (mm/dd/yyy	y) (o. Amount	
							\$	
1. Total only this	Page			King the	and the same	\$	3.00	
5. Total of ALL					Marie Hall			
(This line must be on lin	ne 10 of Det	tailed Summary Pag	ge CRO-1100)			\$	3.00	

Disbursements	
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	1		7.	Amendment	_/
Pg		of		☐ Yes	No

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

	Full Name (and Fur					-	12 ID Name		
	Whisenho		nty	Commi	cchapr		2. ID Number		
3. Type of Disl	oursement (Please	e use senarate C	RO-131	O forms for	and the of Die	1			
3. Type of Disbursement Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Inform			Lices T On	Add	Remove	oruma	ned Party Expenditures		
	failing Address & Ph	ione			ted Committee Nan	ne .	d. Comments		
(include city, state	, & zip)						w Comments		
Firs	+ Citizens	Bank							
	30x 27/3/			Decimal .	istered (Specify)				
				Federal					
Rale	igh NC Z	1011		State	Municip	ality:	e. Election Sum to Date		
1							\$ 6.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. Amount	k R	equired Remarks		
1	Draft	0		4	\$ 3,00				
	- 7 011		0110	112007	\$ 3,00	Ban	K Fee Service charge		
4 D T 0					\$				
4. Payee Inform				Add \square	Remove				
(include city, sta	ing Address & Phone			b. Coordinat	ted Committee Nam	e	d. Comments		
				-					
WINSTO	n Salem Joi	ornal		c Lovel Pari	istered (Specify)				
418 N	. Marshall - Salem N	St	,	Federal	County:				
Winston	- Salem N	C 21101		State	Municipa	ility:	e. Election Sum to Date		
							_		
							\$ 825,00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks		
l	Check	A	02/0	5/2024	\$ 825.00	la	ds		
					s				
4. Payee Inforn	nation	Lyne into		Add	Remove				
a. Full Name, Maili	ng Address & Phone			b. Coordinate	ed Committee Name		d. Comments		
(include city, stat	e, & zip)								
Kerner	sville Neu	15					1		
	mountain			present and a second	stered (Specify)		1		
"	wille NC	- 1		Federal	County:	.			
/(07.073		, ,		State	Municipa Municipa	lity:	e. Election Sum to Date		
							\$ 506.25		
f. Account Code		h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
į	Check	A	02/05	12074	\$506.25		ds		
				,	\$				
5. Total only thi	g Dogo				φ				
							\$ 1,334.25		
	CRO-1310 Pages								
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	0 if Oper	ating Expense	s)		\$3,324.03		
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	0 if Cont	rib to Candida	tes/Political Comm)				
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above)									
A* - Media	B* - Printin			ndraising	D or		C 111-		
E - Salaries	F* - Equipn	O .		tical Party			er Candidate		
I - Postage	J - Penaltie			fice Expens	Ses O* - Do	natio	Public Office Expenses on to Legal Expense Fund		
O* Other				•	Q D0	-446610	a to regai rapense runa		
Codes require detailed explanation in required remarks field (k)									

			2	Amendment	/
Pg	1	of	_	☐ Yes	No

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

	coordinated party ex											
1. Committee I	Full Name (and Fun	d if applicable)	7.1	إراسية	وينفاني الأرا		2. ID Number					
Gloria D	Whisenhunt											
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)												
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures												
4. Payee Inform				Add	Remove	Vin						
	lailing Address & Ph	one	b. Coordina	ted Committee Nam	ne .	d. Comments						
(include city, state,	& zip)											
Clemmo	ens Courier											
3600	The same of the sa	istered (Specify)										
Clemmon	Clemmons RIS NC 270	Federal	County:									
ı		State	Municip	ality:	e. Election Sum to Date							
	66-4126	In				\$ 475.00						
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Re	equired Remarks					
(Check	A	02/0	15/2024	\$ 475.00	CA	ds					
					\$	1						
4. Payee Inforn	nation	1800/0		Add \square	Remove	_						
	ng Address & Phone				ed Committee Nam	o T	d. Comments					
(include city, stat					os committee Hair		u. Comments					
Kin T	internationa	1 COKNER	Lina									
17 1719 1	MICHARITOMA	c. Level Registered (Specify)										
POB	ox 1009	Federal County:										
King	NC 27021			State Municipality: e. Election Sum to Date								
	336-98	3-5171					\$ 1,514.78					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks					
1	check	\mathcal{B}	02/06	12024	\$1,514.78							
				11	e e	Con	graigh signs					
4. Payee Inform	ation			A 2 2 1 7	D							
	ng Address & Phone				Remove	-						
(include city, state				D. Coordinate	ed Committee Name	9 0	d. Comments					
•						- 1						
c. Level Registered (Specify)							1					
			☐ Federal	County:								
				State	Municipa	lity: e	. Election Sum to Date					
							\$					
Account Code	g. Form of Payment	h. Purpose Code	Dete ((22/)								
Trecount Code	5. Porm of Layment	n. 1 ur pose Code	i. Date (n			k. Rec	quired Remarks					
					\$							
					\$							
5. Total only this							\$ 1,989.78					
5. Total of ALL	CRO-1310 Pages		- 15	-1130								
(This line goes in l	ine 13a of Detailed Sum	nary Page CRO-110	0 if Opera	uting Expense:	s)	_	·7					
(This line goes in l	ine 13b of Detailed Sum	nary Page CRO-110	0 if Contr	ib to Candida	tes/Political Comm)		\$3,324.03					
	ine 13c of Detailed Sumn				Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)												
A* - Media	D- To Another Candidate											
Salaries	Tokhour Larry II - Holding Fublic Office Expe											
- Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund												
* Codes require detailed explanation in required remarks field (k)												

In-Kind Contributions		Pg	g	/ of	/	Yes No	
Use this form to report non-monetary contributions, donations, goo				d to the commi	ttee	or fund.	
Use CRO-1215 if In-Kind Contributions were or will be refu 1. Committee Full Name (and Fund if applicable)	2. ID Number						
Gloria D Whise-hunt for County Commissione,							
	_						
3. Contributor Information	-						
a. Full Name, Mailing Address & Phone	Name and	pe of Contri	ributo			. Comments	
(include city, state, & zip)		Individual			website setyp		
lauce Knawiec For	Candidate				Costs		
Joyce Krawiec For NC Senate		Party					
I was screen	PAC Referendum Other Receipt Source				_		
						Election Sum to Date	
		Other Receip	or sor	irce	\$	24.87	
e. Description			f. I	Date (mm/dd/yy	уу)	g. Fair Market Amount	
Website Setup Costs		01/29/2			4	\$ 24.87	
						\$	
						\$	
3. Contributor Information	, tuu		emov		Ш		
a. Full Name, Mailing Address & Phone	Total Control	pe of Contri	ibuto	butor		c. Comments	
(include city, state, & zip)	-	ndividual					
		Candidate					
		Party					
		PAC			_		
		Referendum			d. E	lection Sum to Date	
	۳,	Other Receipt	ot Sou	\$ \$			
e. Description			f. D	ate (mm/dd/yy	yy)	g. Fair Market Amount	
						\$	
						\$	
						\$	
3. Contributor Information	Add	☐ Rei	mov	e			
a. Full Name, Mailing Address & Phone	b. Ty	pe of Contri	ibuto	r	c. C	omments	
(include city, state, & zip)		ndividual					
Candidate							
		Party					
PAC							
		Referendum				Election Sum to Date	
		Other Receipt Source			\$		
e. Description	/ y)	g. Fair Market Amount					
		\$					
		\$					
						\$	
4. Total only this Page	\$ 24.87						
5. Total of ALL CRO-1510 Pages					\$	24.87	

(This line must be on line 17 of Detailed Summary Page CRO-1100)

Amendment