

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		c. ID Number	
Gloria D Whisenhunt For County Commissioner			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
456 N. Hawthorne Road		10-28-2024	
Winston-Salem NC 27104		e. Phone Number	
		336-725-1072	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	07/01/2024	10/19/2024	Timothy Flinchum
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name	
8. Number of Fundraisers this Report 0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
First Citizens Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Checking	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$5,30.81		\$
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.			
Timothy Flinchum		10-28-2024	
Printed Name of Signer		Date	
Timothy Flinchum		Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail	
Date Scanned:	Employee:	<input type="checkbox"/> Registered Mail	
Date Data Entered:	Employee:	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> 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.			

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☐ Yes

☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Gloria D Whisenhunt For County Comm 2020-2022		3rd Quarter			
Start of Election Cycle: January 1, 2021		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 5130.81		\$ 2979.84	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$ 5250.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 1200.00		\$ 1200.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 3500.00		\$ 4024.87	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$ 6.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (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)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 4700.00		\$ 10480.87	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 6099.75		\$ 9704.78	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
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	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6099.75		\$ 9729.65	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3731.06		\$ 3731.06	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Political Party Committees

Pg 1 of 1

Amendment

☐ Yes

☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Gloria D Whisenhunt For County Commissioner					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Forsyth County Republican Women 3690 Saddlewood Forest Ct Winston-Salem NC 27106 336-408-3949					
				c. Election Sum to Date	
				\$ 1200.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	check		07/12/2024	\$ 600.00	
1	check		09/04/2024	\$ 600.00	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 1200.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 1200.00	

Contributions from Other Political Committees

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Gloria D Whisenant For County Commissioner					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
NC Home Builders Association PAC PO Box 99090 Raleigh NC 27624 919-676-9090			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	check		08/08/2024	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
NC Realtors PAC 4511 Weybridge Lane Greensboro NC 27407 919-573-0995			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 3,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	check		09/19/2024	\$ 3,000.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 3500.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 3500.00	

Disbursements

Pg 1 of 3

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Gloria D Whisenant For County Commissioner					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Sir Speedy 1011 Burke St Winston-Salem NC 27101 336-722-4109					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$263.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	B	07/10/2024	\$263.70	Flyers
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Kernersville News 300 E Mountain St Kernersville NC 27284 336-993-2161					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1733.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	09/24/2024	\$972.50	Advertising
1	check	A	09/24/2024	\$255.00	Advertising
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Clemmons Courier 3600 Clemmons Rd Clemmons NC 27012 336-766-4126					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1140.84
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	09/24/2024	\$665.84	Advertising
				\$	
5. Total only this Page					\$2157.04
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating 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)					\$6099.75
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 2 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Gloria D Whisenant For County Commissioner							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Northwest Hardware Contract Postal Unit 3450 Robinhood Rd Winston-Salem NC 27106 800-275-8777				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 292.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	I	09/27/2024	\$ 292.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
King International Corporation PO Box 1009 King NC 27021 336-983-5171				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 2299.39	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	B	10/01/2024	\$ 784.61	Signs		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Biscuitville 3388 Robinhood Rd Winston-Salem NC 27106 336-760-1169				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 331.76	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	H	10/02/2024	\$ 331.76	Constituent Breakfast		
				\$			
5. Total only this Page						\$ 1408.37	
6. Total of ALL CRO-1310 Pages						\$ 6099.75	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating 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)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 3 of 3

Amendment

☐ Yes

☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Gloria D Whisenant For County Commissioner					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Winston-Salem Journal 418 N Marshall St Winston-Salem NC 27101 336-727-7211			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 3359.34
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	10/02/2024	\$ 2166.00	Advertising
1	check	A	10/02/2024	\$ 368.34	Advertising
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 this Page					\$ 2534.34
6. Total of ALL CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$ 6099.75
(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)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					