

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

REGINA FOR WINSTON

c. ID Number

b. Mailing Address (include City, State and Zip Code)

PO BOX 11172
WINSTON SALEM, NC 27116

d. Date Filed

07/23/2024

e. Phone Number

(336) 654-8211

REPORT FILED
ELECTRONICALLY
SEE STATE WEBSITE
FOR COMPLETE REPORT
WWW.NCSBE.GOV

2. Report Year

2024

3. Period Start Date (mm/dd/yy)

02/18/2024

4. Period End Date (mm/dd/yy)

06/30/2024

5. Treasurer Full Name

RANEESHA FORD JEFFERSON

6. Type of Committee (Check One)

- ☒ Candidate Campaign ☐ Party
☐ Joint Fundraiser ☐ PAC
☐ Referendum ☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund
☐ Presidential Election Year Candidates Fund
☐ NC Public Campaign Financing Fund

☐ Other:

8. Number of Fundraisers this Report

1

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☒ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

2024
ORGANIZATIONAL
(2/18/2024-6/30/2024)

3. Account Information

a. Financial Institution Full Name

TRUIST BANK

3. Account Information

a. Financial Institution Full Name

b. Purpose

FOR EXPENDITURES
AND RECEIPTS

c. Account Code

1

d. Period Begin Balance

\$

b. Purpose

c. Account Code

d. Period Begin Balance

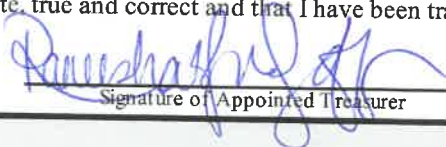
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CERTIFICATION

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



Printed Name of Signer



Signature of Appointed Treasurer

07/23/2024

Date

FOR OFFICE USE ONLY

Date Received:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

☐ 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.

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C016

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Winston Salem, NC 27101

TO:

Tricia C. Starkey
Forsyth County
Board of Elections
201 N. Chestnut Street
Winston Salem, NC 27101

Label 228, December 2023

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